



**EMERGENCY MEDICAL SERVICES AUTHORITY**

10901 GOLD CENTER DRIVE, SUITE 400  
RANCHO CORDOVA, CA 95670  
(916) 322-4336 FAX (916) 324-2875



August 5, 2014

Mr. Richard Todd, Administrator  
El Dorado County EMS Agency  
415 Placerville Drive, Suite J  
Placerville, CA 95667

Dear Mr. Todd:

This letter is in response to your 2011 El Dorado County EMS Plan submission to the EMS Authority in March 2013.

**I. Introduction and Summary:**

The EMS Authority has concluded its review of El Dorado County's 2011 EMS Plan and cannot approve this plan as submitted.

**II. History and Background:**

El Dorado County has inconsistently submitted EMS Plans to the EMS Authority. Historically, we have received EMS Plan documentation from El Dorado County for its 1998, 2006, 2007, and 2010 plan submissions, and most current, its 2011 plan submission.

El Dorado County received its last Five-Year Plan approval for its 1998 plan submission, and its last annual Plan Update approval for its 2010 plan submission. The California Health and Safety (H&S) Code § 1797.254 states:

*"Local EMS agencies shall **annually** (emphasis added) submit an emergency medical services plan for the EMS area to the authority, according to EMS Systems, Standards, and Guidelines established by the authority".*

The EMS Authority is responsible for the review of EMS Plans and for making a determination on the approval or disapproval of the plan, pursuant to H&S Code § 1797.105(b). Due to the pattern of inconsistent EMS Plan submissions, an ongoing assessment of the EMS system in El Dorado County has been difficult and, therefore, has delayed this review.

### III. Analysis of EMS System Components:

Following are comments related to El Dorado County's 2011 EMS Plan. Areas that indicate the plan submitted is not concordant and consistent with applicable guidelines or regulations and H&S Code § 1797.254 and the EMS system components identified in H&S Code § 1797.103 are indicated below:

	Approved	Not Approved	
A.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>System Organization and Management</u>

#### 1. System Assessment Form

- Standard 1.27 is to implement a pediatric critical care system. While these are Enhanced Level standards, it is recommended that El Dorado County review the manual titled "Development and Implementation of EMS-C: A Step by Step Approach," found on the EMS Authority's website at: <http://www.emsa.ca.gov/Media/Default/PDF/EMS-C.pdf>, which will assist El Dorado County in developing an EMS Program for Children. Please provide an update on the implementation of the pediatric critical care system.

B.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Staffing/Training</u>
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C.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Communications</u>
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D.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>Response/Transportation</u>
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#### 1. Requests for Proposal Processes

CSA #3 – South Shore: In the El Dorado County Health and Human Services Agency letter dated June 24, 2013, you stated: *"EMSA has changed its position with regard to both CSA #3 and CSA #7 and the County's use of the public utility model (PUM) to provide emergency medical services (EMS) within the County."* *"Although the county submitted the 2001 RFP as part of its EDC 2001, it did so only in an abundance of caution and not because it was required to do so."*

- The Authority acknowledges that it approved the El Dorado County 2000 EMS Plan and RFP #11-0073, but the RFP did not indicate the provisions that the county was awarding the

zone to itself. In any case, the county cannot award itself an area or subarea on its own solicitation. For this reason, the Response/Transportation section of the EMS Plan is not approved.

- In a letter dated April 25, 2011, from the Authority to Patricia Beck, the Authority stated *"[t]he current proposal, RFP #11-0073, states that the County may convey market rights to itself and declares itself as being the exclusive emergency ambulance operator in CSA #3. As previously stated, since the County did not submit a proposal in the bid for the exclusive operating area, the County of El Dorado cannot designate itself as the exclusive provider for these services through a performance contract with the successful bidder. As currently written, RFP #11-0073 would not be approved by the Authority and the El Dorado County EMS Agency may potentially be open to suit without state action immunity under federal antitrust laws provided for under Health and Safety Code 1797.6."*
- In El Dorado County's letter dated June 24, 2013, you stated *"[t]he County adopted the public utility model by action of the Board of Supervisors and EMSA has cited no authority for its alleged ability to override local policy decisions."* If it is your contention that you have adopted a "public utility model" for the provision of EMS services, then the information substantiating that process was not tendered with your latest EMS plan. Therefore, please provide documentation to support your claim that such process was completed according to California Public Utilities Code, Division 3, Chapter 1, Article 1 (commencing at Section 6001). Additionally, the provisions of State statutes override local ordinances or policy decisions when they are in conflict. If you believe that El Dorado County Local ordinances or Board of Director's decisions are not in conflict with the state EMS Act, please state the basis for this conclusion.
- Further, in your letter you stated: *"[a]lthough the county submitted the 2001 RFP as part of its EDC 2001, it did so only in an abundance of caution and not because it was required to do so."* Pursuant to the H&S Code § 1797.254, a local EMS agency is required to annually submit in its EMS plan exclusivity information for the ambulance zones within its jurisdiction.

- H&S Code § 1797.76: "*Emergency medical services plan' means a plan for the delivery of emergency medical services consistent with state guidelines addressing the components listed in Section 1797.103.*"
- H&S Code § 1797.224: "*A local EMS agency which elects to create one or more exclusive operating areas in the development of a local plan shall develop and submit for approval to the authority, as part of the local EMS plan, its competitive process for selecting providers and determining the scope of their operations. This plan shall include provisions for a competitive process held at periodic intervals.*"  
El Dorado County did not obtain pre-approval of the last RFP from the EMS Authority.

## 2. Butte County Decision

The Butte County decision (County of Butte v California Emergency Medical Services Authority (2010) 187 Cal. App. 4<sup>th</sup> 1175) is illustrative of your transportation issue. Some pertinent parts from the decision state:

- "*Section 1797.224 unambiguously authorizes a local EMS agency to create one or more EOAs in the development of a local plan if either (1) a competitive process is used to select the exclusive providers, or (2) the local plan continues the use of the existing providers operating within a local EMS area in a manner and scope in which the services have been provided without interruption since January 1, 1981. If the local EMS agency creates EOAs in the development of a local plan, such agency must submit to the Authority for its approval the competitive process used for selecting the exclusive providers and determining the scope of their operations.*"
- "*Given a literal reading, section 1797.224 would require the local EMS agency to submit to the Authority for its approval the competitive process used to select the exclusive providers even if the local EMS agency chose to continue using existing providers operating within the local EMS area in the manner and scope in which the services have been provided without interruption since January 1, 1981.*"

For these reasons, the Response/Transportation section of the EMS Plan is not approved.



E. ☒ ☐ Facilities/Critical Care

1. System Assessment Forms

- Standards 5.10 and 5.12 are to implement a pediatric critical care system. While these are Enhanced Level standards, it is recommended that El Dorado County review the manual titled "Development and Implementation of EMS-C: A Step by Step Approach," found on the EMS Authority's website at: <http://www.emsa.ca.gov/Media/Default/PDF/EMS-C.pdf>, which will assist El Dorado County in developing an EMS Program for Children. Please provide an update on the implementation of the pediatric critical care system.

F. ☐ ☒ Data Collection/System Evaluation

1. Quality Improvement (QI) Program

- Pursuant to Title 22, California Code of Regulations (CCR), § 100404, a Local EMS Agency shall develop and implement a written QI Program, and annually provide the written Program to the Authority. In accordance with the EMS Authority's *EMS System Quality Improvement Program Model Guidelines (EMSA #166)*, please submit a written QI Program that includes use of the EMS Core Measures as listed in *EMSA #166*.

G. ☒ ☐ Public Information and Education

H. ☒ ☐ Disaster Medical Response

**IV. Conclusion:**

Based on the information identified, El Dorado County may not implement areas of the 2011 EMS Plan that have not been approved. Pursuant to H&S Code § 1797.105(b):

*"After the applicable guidelines or regulations are established by the Authority, a local EMS agency may implement a local plan...unless the Authority determines that the plan does not effectively meet the needs of the persons served and is not consistent with the coordinating activities in the geographical area served, or that the plan is not concordant and consistent with applicable guidelines or regulations, or both the guidelines and regulations established by the Authority."*

Mr. Richard Todd, Administrator

August 5, 2014

Page 6 of 6

**V. Next Steps:**

Within four (4) months from the date of this notification, El Dorado County has the option to submit a revised EMS plan correcting all disapproved items identified in this letter, or to appeal the Authority's determination. Per H&S Code § 1797.105(c):

*"A local EMS agency may appeal a determination of the Authority pursuant to subdivision (b) to the Commission."*

Please let the EMS Authority know within the established timeframe if you wish to appeal the EMS Authority's disapproval of your EMS Plan.

Please contact Mr. Tom McGinnis, EMS Systems Division Chief, at (916) 431-3695 if you have any questions.

Sincerely,

A handwritten signature in black ink, appearing to read "Howard Backer". The signature is fluid and cursive, with the first name "Howard" and last name "Backer" clearly distinguishable.

Howard Backer, MD, MPH, FACEP  
Director



EL DORADO COUNTY  
HEALTH AND HUMAN SERVICES AGENCY

*Emergency Medical Services*

Daniel Nielson, M.P.A.  
Director

Richard Todd  
EMS Agency Administrator

March 25, 2013

Howard Backer, MD, MPH, FACEP  
Director  
California Emergency Medical Services Authority  
10901 Gold Center Dr., Suite 400  
Rancho Cordova, CA 95670

**RE: El Dorado County EMS Plan and Trauma Plan**

Dear Dr. Backer,

Enclosed please find the updated EMS Plan and Trauma Plan for the County of El Dorado, as approved by the County Board of Supervisors on March 19, 2013. The updated plans are a result of an extensive review by the system partners and reflect the recent amendment to the County Ambulance Ordinance.

We are requesting the EMS Authority review and approval of both updated plans. If you have any questions, please contact me directly at (530) 621-6505 or via email at [richard.todd@edcgov.us](mailto:richard.todd@edcgov.us).

Sincerely,

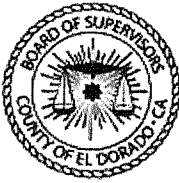
Richard Todd, Administrator  
El Dorado County EMS Agency

Enclosure

cc: Daniel Nielson, M.P.A., Director, Health and Human Services Agency  
Janet Walker-Conroy, Chief Assistant Director, Health and Human Services Agency  
Patricia Beck, Chief Assistant County Counsel  
Chris Weston, Program Manager II  
David Brazzel, M.D., EMS Agency Medical Director  
File

*Strengthening, Empowering and Protecting the Residents of El Dorado County*

415 Placerville Drive, Suite J ♦ Placerville, CA 95667 ♦ (530) 621-6500 ♦ FAX (530) 621-2758



# County of El Dorado

330 Fair Lane, Building A  
Placerville, California  
530-621-5390  
FAX 530-622-3645  
www.edcgov.us/bos

## Minute Order - Draft Board of Supervisors

*Ron Briggs, Chair, District IV*  
*Norma Santiago, First Vice Chair, District V*  
*Ray Nutting, Second Vice Chair, District II*  
*Ron Mikulaco, District I*  
*Brian K. Veerkamp, District III*

*James S. Mitrison, Clerk of the Board of Supervisors*  
*Terri Daly, Chief Administrative Officer Edward Knapp, County Counsel*

Tuesday, March 19, 2013

8:00 AM

Board of Supervisors Meeting Room

25. 12-1555

Health and Human Services Agency recommending the Board approve:

- 1) Update to the County of El Dorado Emergency Medical Services Plan;
- 2) Update to the County of El Dorado Emergency Medical Services Trauma Plan; and
- 3) Memorandum of Understanding 466-M1311 with Marshall Medical Center, to establish rates for interfacility transfers specific to Marshall Medical Center, effective upon execution by the Board, for a five year term that may be renewed, extended or modified by mutual consent. (Est. Time: 1 Hr.)

**FUNDING:** Fee for Service, Property Tax and Special Tax Assessment.

*PUBLIC COMMENT*

*T. Abraham*

**A motion was made by Supervisor Veerkamp, seconded by Supervisor Mikulaco, to approve this matter.**

**Yes:** 5 - Briggs, Santiago, Mikulaco, Veerkamp and Nutting

I CERTIFY THAT:  
THE FOREGOING INSTRUMENT IS A CORRECT COPY OF THE ORIGINAL ON FILE IN THIS OFFICE.

Attest: James S. Mitrison, Clerk of the Board of Supervisors of the County of El Dorado, State of California.

By: *Marcie MacFarland*  
Marcie MacFarland, Deputy Clerk

Date: *3/22/13*

**County of El Dorado**  
**Emergency Medical Services**

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**EMS PLAN**

**July 2012**



# Table of Contents

<b>SECTION I - EXECUTIVE SUMMARY.....</b>	<b>2</b>
<b>SECTION II - ASSESSMENT OF SYSTEM .....</b>	<b>5</b>
TABLE 1: SUMMARY OF SYSTEM STATUS.....	6
A. SYSTEM ORGANIZATION AND MANAGEMENT .....	6
B. STAFFING/TRAINING .....	8
C. COMMUNICATIONS.....	9
D. RESPONSE/TRANSPORTATION .....	10
E. FACILITIES/CRITICAL CARE .....	12
F. DATA COLLECTION/SYSTEM EVALUATION .....	13
G. PUBLIC INFORMATION AND EDUCATION .....	14
H. DISASTER MEDICAL RESPONSE.....	15
MINIMUM STANDARDS AND RECOMMENDED GUIDELINES .....	15
System Organization and Management .....	16
Staffing/Training .....	46
Communications .....	59
Response and Transportation .....	69
Facilities and Critical Care .....	92
Data Collection and System Evaluation.....	106
Public Information and Education.....	117
Disaster Medical Response.....	121
<b>SECTION III - SYSTEM RESOURCES AND OPERATIONS .....</b>	<b>140</b>
TABLE 2: SYSTEM RESOURCES AND OPERATIONS .....	141
TABLE 3: SYSTEM RESOURCES AND OPERATIONS -- Personnel/Training .....	147
TABLE 4: SYSTEM RESOURCES AND OPERATIONS -- Communications.....	148
TABLE 5: SYSTEM RESOURCES AND OPERATIONS -- Response/Transportation .....	149
TABLE 6: SYSTEM RESOURCES AND OPERATIONS -- Facilities/Critical Care.....	150
TABLE 7: SYSTEM RESOURCES AND OPERATIONS -- Disaster Medical.....	151
<b>SECTION IV - RESOURCE DIRECTORIES .....</b>	<b>153</b>
TABLE 8: RESOURCES DIRECTORY -- Approved Training Programs .....	154
TABLE 9: RESOURCES DIRECTORY -- Dispatch Agency.....	156
<b>SECTION V - DESCRIPTION OF INITIAL PLAN DEVELOPMENT PROCESS .....</b>	<b>158</b>
<b>SECTION VI - ANNEX .....</b>	<b>159</b>
ANNEX 1 - TRAUMA CARE SYSTEM PLAN .....	159
ANNEX 2 - AB 3153 COMPLIANCE: EXCLUSIVE OPERATING AREAS .....	160
ANNEX 3 - PEDIATRIC SUBSYSTEM PLAN .....	166
<b>SECTION VII - APPENDICES .....</b>	<b>167</b>
APPENDIX A - ORGANIZATION CHARTS .....	168
County of El Dorado EMS Agency.....	168
El Dorado County Organization Chart.....	169
County of El Dorado Trauma System Chart.....	170
APPENDIX B - PRIMARY SHELTER SITES (CCPs).....	171
APPENDIX C - DEFINITIONS AND ABBREVIATIONS.....	172
APPENDIX D - CSA #3 RFP 11-0073.....	175

## **SECTION I - EXECUTIVE SUMMARY**

El Dorado County is a popular outdoor recreation tourist destination for snow sports, rafting, hiking, camping, horseback riding, fishing and boating. The North Lake Tahoe Visitor's Bureau estimates that three million people visit the Lake Tahoe area annually. El Dorado County is located in the Sierra-Nevada mountain range in the northeast area of California. The County had an estimated resident population of 181,058 in 2010. During the last decade, County population increased from 156,299 in 2000, a 16% increase in population, significantly higher than 10% the statewide population increase during the same period (U.S. Census Bureau, 2010 Census).

El Dorado County encompasses 1,708 square miles, primarily of rolling foothills and mountainous terrain, with a population density of approximately 106 persons per square mile. Elevations in the County range from 200 feet to more than 10,800 feet. The County is separated into two geographical areas: the Lake Tahoe Basin in the northeast corner and the "West Slope" west of the Lake Tahoe Basin and Echo Summit.

The County contains two municipalities: the City of South Lake Tahoe with a 2010 population of 21,403 and the City of Placerville on the West Slope with a 2010 population of 10,389 (U.S. Census Bureau, 2010 Census). The remainder of the County's residents live outside of these two incorporated areas.

U.S. Highway 50 runs between Sacramento and the City of South Lake Tahoe, and bisects the County west to east. El Dorado County is heavily impacted by tourism, particularly by rafters on the American River, hikers and campers in the National Forests, and skiers and gamblers in the Lake Tahoe area. These activities create a high-risk need for prehospital trauma care.

Geopolitically, the County is divided into two County Service Areas (CSA's), CSA No. 3 (the Lake Tahoe Basin, the City of South Lake Tahoe, and the Meeks Bay and Tahoma areas) and CSA No. 7 (the western slope of El Dorado County, including Placerville and the bedroom communities of Sacramento).



The County Service Areas are funding mechanisms to subsidize enhanced ambulance and dispatch services, with the citizens of the Meeks Bay and Tahoma areas and CSA No. 7 paying special taxes, and the citizens of the Tahoe Basin and the City of South Lake Tahoe paying benefit assessments. Additional revenues for funding emergency medical services are generated from billings for ambulance transports and transfers, medical skills provided, and supplies used.

El Dorado County has operated under a Public Utility Model (PUM) in CSA #7 since 1976, directly providing, among other services, medical control, ambulance billing and financial oversight of ambulance services. The County contracts transport and dispatch services via a performance-based contract with the El Dorado County Emergency Services Authority, a Joint Powers Authority (JPA). The JPA subcontracts with CAL FIRE for dispatch services.

El Dorado County has operated under a Public Utility Model (PUM) in CSA #3, directly providing, among other services, medical control, ambulance billing and financial oversight of ambulance services to the South Shore area of CSA #3. The County contracts transport and dispatch services with the California Tahoe Emergency Services Operations Authority. The California Tahoe Emergency Services Operations Authority subcontracts with the City of South Lake Tahoe to provide emergency medical dispatch for the South Shore area.

The West Shore of Lake Tahoe (Meeks Bay and Tahoma area) is an isolated area, where the North Tahoe Fire Protection District, which is dispatched by Interagency Command Center, Grass Valley, California under contract with CAL FIRE, provides ambulance service.

During fiscal year 2010/11, there were approximately 14,500 emergency medical calls for assistance in El Dorado County.

There are two in-County base hospitals: Marshall Medical Center in Placerville, and Barton Memorial Hospital in the City of South Lake Tahoe. Marshall Medical Center is a designated Level III Trauma Center. Barton Memorial Hospital functions as a Level IV

Trauma Receiving Center and is actively pursuing designation as a Level III Trauma Center.

El Dorado County utilizes helicopter transport companies to augment emergency medical transport capabilities.

The State EMS Authority approved the initial County of El Dorado Trauma Plan in August 1998. This enabled the EMS Agency to move forward in several areas:

- ◆ Ability to designate Trauma Centers;
- ◆ Ongoing Continuous Quality Improvement (CQI) utilizing Trauma Registry System (Collector); and
- ◆ Ability to improve relationships with contiguous Trauma Centers that provide higher levels of trauma care.

The County of El Dorado EMS Agency has multiple opportunities to improve the system, including, but not limited to:

- ◆ Enhanced, integrated data collection and surveillance for improved system status management and trauma patient outcome tracking; and
- ◆ Comprehensive disaster planning and coordination with the Office of Emergency Services (OES) to address common disaster threats including forest fires, floods, rock and mudslides, avalanches, major vehicle Multiple Casualty Incidents (MCI's), and earthquakes.

## **SECTION II - ASSESSMENT OF SYSTEM**

The California EMS System Standards and Guidelines were prepared pursuant to Section 1797.103 of the California Health and Safety Code, which used the Federal EMS Act as a model. Its purpose is to guide local EMS agencies in the planning, organization, management, and evaluation of local EMS systems. The Federal EMS Act defines an EMS system as “a system which provides for the arrangement of personnel, facilities, and equipment for the effective and coordinated delivery in an appropriate geographic area of health care services under emergency conditions (occurring either as a result of the patient’s condition or of natural disasters or similar conditions) and which is administered by a public or nonprofit private entity which has the authority and the resources to provide effective administration of the system.” [Section 1201(1), U.S. Public Health Service Act]

System standards for each of the eight components of the EMS Plan are summarized, including the Current Status, Needs and Objectives established for El Dorado County.

**TABLE 1: SUMMARY OF SYSTEM STATUS****A. SYSTEM ORGANIZATION AND MANAGEMENT**

Agency Administration	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
<b>1.01</b> LEMSA Structure		X	None		
<b>1.02</b> LEMSA Mission		X	None		
<b>1.03</b> Public Input		X	None		
<b>1.04</b> Medical Director		X			

**Planning Activities**

<b>1.05</b> System Plan		X	None		
<b>1.06</b> Annual Plan Update		X	None		
<b>1.07</b> Trauma Planning*		X	X		<b>X</b>
<b>1.08</b> ALS Planning*		X	None		
<b>1.09</b> Inventory of Resources		X	None		
<b>1.10</b> Special Populations		X	X		
<b>1.11</b> System Participants		X	X		

**Regulatory Activities**

<b>1.12</b> Review & Monitoring		X	None		
<b>1.13</b> Coordination		X	None		
<b>1.14</b> Policy & Procedures Manual		X	None		
<b>1.15</b> Compliance w/Policies		X	None		

**System Finances**

<b>1.16</b> Funding Mechanism		X	None		
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Medical Direction	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
<b>1.17</b> Medical Direction*		X	None		
<b>1.18</b> QA/QI		X	X		
<b>1.19</b> Policies, Procedures, Protocols		X	X		
<b>1.20</b> DNR Policies		X	None		
<b>1.21</b> Determination of Death		X	None		
<b>1.22</b> Reporting of Abuse		X	None		
<b>1.23</b> Interfacility Transfer		X	None		

#### Enhanced Level: Advanced Life Support

<b>1.24</b> ALS Systems		X	X		
<b>1.25</b> On-Line Medical Direction		X	X		

#### Enhanced Level: Trauma Care System

<b>1.26</b> Trauma System Plan		X	None		
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#### Enhanced Level: Pediatric Emergency Medical and Critical Care System

<b>1.27</b> Pediatric System Plan		X	None		
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#### Enhanced Level: Exclusive Operating Areas

<b>1.28</b> EOA Plan		X	None		
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## B. STAFFING/TRAINING

Local EMS Agency	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
<b>2.01</b> Assessment of Needs		X	None		
<b>2.02</b> Approval of Training		X	None		
<b>2.03</b> Personnel		X	None		

### Dispatchers

<b>2.04</b> Dispatch Training		X	X		
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### First Responder (non-transporting)

<b>2.05</b> First Responder Training		X	X		
<b>2.06</b> Response		X	None		
<b>2.07</b> Medical Control		X	None		

### Transporting Personnel

<b>2.08</b> EMT-I Training		X	X		
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### Hospital

<b>2.09</b> CPR Training		X	None		
<b>2.10</b> Advanced Life Support		X	X		

### Enhanced Level: Advanced Life Support

<b>2.11</b> Accreditation Process		X	None		
<b>2.12</b> Early Defibrillation		X	None		
<b>2.13</b> Base Hospital Personnel		X	None		

## C. COMMUNICATIONS

Communications Equipment	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
<b>3.01</b> Communications Plan*		X	X		
<b>3.02</b> Radios		X	X		X
<b>3.03</b> Interfacility Transfer*		X	None		
<b>3.04</b> Dispatch Center		X	None		
<b>3.05</b> Hospitals		X	X		
<b>3.06</b> MCI/Disasters		X	None		

### Public Access

<b>3.07</b> 9-1-1 Planning/Coordination		X	X		
<b>3.08</b> 9-1-1 Public Education		X	None		

### Resource Management

<b>3.09</b> Dispatch Triage		X	X		
<b>3.10</b> Integrated Dispatch		X	X	X	

## D. RESPONSE/TRANSPORTATION

Universal Level		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
4.01	Service Area Boundaries*		X	X		
4.02	Monitoring		X	X		
4.03	Classifying Medical Requests		X	None		
4.04	Pre-scheduled Responses		X	None		
4.05	Response Time Standards*		X	X		
4.06	Staffing		X	None		
4.07	First Responder Agencies		X	None		
4.08	Medical & Rescue Aircraft*		X	None		
4.09	Air Dispatch Center		X	None		
4.10	Aircraft Availability*		X	None		
4.11	Specialty Vehicles*		X	X*/		
4.12	Disaster Response		X	None		
4.13	Intercounty Response*		X	X		
4.14	Incident Command System		X	None		
4.15	MCI Plans		X	None		

### Enhanced Level: Advanced Life Support

4.16	ALS Staffing		X	X		
4.17	ALS Equipment		X	None		



Enhanced Level: Ambulance Regulation	Does not currently meet standard	Meets minimum standard	Meets recommende d guidelines	Short- range Plan	Long- range Plan
<b>4.18</b> Compliance		X	None		

**Enhanced Level: Exclusive Operating Permits**

<b>4.19</b> Transportation Plan		X	None		
<b>4.20</b> "Grandfathering"		X	None		
<b>4.21</b> Compliance		X	None		
<b>4.22</b> Evaluation		X	None		

## E. FACILITIES/CRITICAL CARE

Universal Level		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
5.01	Assessment of Capabilities		X	X		
5.02	Triage & Transfer Protocols*		X	None		
5.03	Transfer Guidelines*		X	None		
5.04	Specialty Care Facilities*		X	None		
5.05	Mass Casualty Management		X	X		
5.06	Hospital Evacuation*		X	None		

### Enhanced Level: Advanced Life Support

5.07	Base Hospital Designation*		X	None		
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### Enhanced Level: Trauma Care System

5.08	Trauma System Design		X	None		
5.09	Public Input		X	None		

### Enhanced Level: Pediatric Emergency Medical and Critical Care System

5.10	Pediatric System Design		N/A	None		
5.11	Emergency Departments		X	N/A		
5.12	Public Input		N/A	None		

### Enhanced Level: Other Specialty Care Systems

5.13	Specialty System Design		N/A	None		
5.14	Public Input		X	None		

## F. DATA COLLECTION/SYSTEM EVALUATION

Universal Level	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
<b>6.01</b> QA/QI Program		X	X		
<b>6.02</b> Prehospital Records		X	None		
<b>6.03</b> Prehospital Care Audits		X	X		
<b>6.04</b> Medical Dispatch		X	None		
<b>6.05</b> Data Management System*		X	N/A		
<b>6.06</b> System Design Evaluation		X	None		
<b>6.07</b> Provider Participation		X	None		
<b>6.08</b> Reporting		X	None		

### Enhanced Level: Advanced Life Support

<b>6.09</b> ALS Audit		X	X		
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### Enhanced Level: Trauma Care System

<b>6.10</b> Trauma System Evaluation		X	None	<b>X</b>	
<b>6.11</b> Trauma Center Data		X	X		

## G. PUBLIC INFORMATION AND EDUCATION

Universal Level		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
<b>7.01</b>	Public Information Materials		X	X		
<b>7.02</b>	Injury Control		X	X		
<b>7.03</b>	Disaster Preparedness		X	X		
<b>7.04</b>	First Aid & CPR Training		X	X		

## H. DISASTER MEDICAL RESPONSE

Universal Level		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
8.01	Disaster Medical Planning*		X	None		
8.02	Response Plans		X	X		
8.03	HAZMAT Training		X	None		
8.04	Incident Command System		X	X		
8.05	Distribution of Casualties*		X	X		
8.06	Needs Assessment		X	X		
8.07	Disaster Communications*		X	None		
8.08	Inventory of Resources		X	X		
8.09	DMAT Teams		N/A	N/A		
8.10	Mutual Aid Agreements*		X	None		
8.11	CCP Designation*		X	None		
8.12	Establishment of CCPs		X	None		
8.13	Disaster Medical Training		X	X		
8.14	Hospital Plans		X	X		
8.15	Inter-hospital Communications		X	None		
8.16	Prehospital Agency Plans		X	X		

### Enhanced Level: Advanced Life Support

8.17	ALS Policies		X	None		
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### Enhanced Level: Specialty Care Systems

8.18	Specialty Center Roles		X	None		
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### Enhanced Level: Exclusive Operating Areas/Ambulance Regulations

8.19	Waiving Exclusivity		X	None		
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## **System Organization and Management**

### **Agency Administration**

#### **Standard:**

- 1.01 Each local EMS Agency shall have a formal organizational structure which includes both agency staff and non-agency resources and which includes appropriate technical and clinical expertise.

#### **Current Status:**

The EMS Agency has a formal organizational structure which includes an EMS Administrator, EMS Medical Director (.5 FTE), EMS Quality Improvement Coordinator (.5 FTE), and a Health Program Specialist. The EMS Agency was designated by the El Dorado County Board of Supervisors to be a division of the El Dorado County Health and Human Services Agency and is included in the county structure, which delineates other county resources including the Public Health Officer, County Counsel, Risk Management and administrative personnel.

#### **Coordination with other EMS Agencies:**

Not applicable for this Standard.

#### **Need(s):**

Meets Standard.

#### **Objective 1.01:**

Align staffing positions, finances, and tasks to meet the objective of appropriate fiscal, technical and clinical expertise within the system.

#### **Time Frame for Meeting Objective:**

☐ Short Range Plan (one year or less)

☐ Long Range Plan (more than one year)

## **System Organization and Management**

### **Agency Administration**

#### **Standard:**

1.02 Each local EMS agency shall plan, implement, and evaluate the EMS system. The agency shall use its quality assurance/ quality improvement and evaluation processes to identify needed system changes.

#### **Current Status:**

Proactive EMS system monitoring occurs using a peer based process that conducts a clinical review of selected cases each month, based on strict confidentiality and a shared commitment to excellent pre-hospital care. CQI reveals potential areas for improvement of the EMS system, suggests training opportunities, highlights outstanding clinical performance, audits compliance with treatment protocols, and reviews specific illness or injury along with associated treatments. These efforts contribute to the continued success of our emergency medical services through a systematic process of review, analysis, and improvement. This approach also allows for addressing complaint-driven issues. In addition, performance-based contract reviews provide comprehensive oversight and control of the entire EMS system transport contractor base.

#### **Coordination with other EMS Agencies:**

Not applicable for this Standard.

#### **Need(s):**

Meets Standard.

#### **Objective 1.02:**

Continue facilitating a system-wide comprehensive quality assessment and improvement program.

#### **Time Frame for Objective:**

☐ Short Range Plan (one year or less)

☐ Long Range Plan (more than one year)

## **System Organization and Management**

### **Agency Administration**

#### **Standard:**

- 1.03 Each local EMS agency shall have a mechanism (including the emergency medical care committee(s) and other sources) to seek and obtain appropriate consumer and health care provider input regarding the development of plans, policies, and procedures, as described throughout this document.

#### **Current Status:**

While El Dorado County does not have a designated EMCC, there is significant interaction with and input received from health care providers and other key stakeholders. All local EMS Agency policies, procedures and protocols are reviewed and commented on by our Medical Advisory Committee (MAC), which meets monthly. Hospitals, transport contractors, OES, EMS Agency and Public Health Preparedness Section are continually engaged in emergency preparedness activities including: improving hospital surge capacity, communications drills, Emergency Operations Center (EOC) operations, pandemic flu planning, mass prophylaxis, and a number of preparedness exercises. Consumer input is encouraged and welcomed for all planning efforts.

#### **Coordination with other EMS Agencies:**

Not applicable for this Standard.

#### **Need(s):**

Meets Standard. The EMS Agency evaluated the need to re-establish an Emergency Medical Care Committee (EMCC) and has determined that the current Medical Advisory Committee largely fulfills the need to obtain appropriate consumer and health care provider input regarding the development of plans, policies and procedure.

#### **Objective 1.03:**

Maintain strong permanent committees for oversight, monitoring, and directing the clinical care aspects of the EMS system.

#### **Time Frame for Objective:**

☐ Short Range Plan (one year or less)

☐ Long Range Plan (more than one year)



## System Organization and Management

### Agency Administration

#### Standard:

1.04 Each local EMS agency shall appoint a medical director who is a licensed physician who has substantial experience in the practice of emergency medicine.

#### Recommended Guideline:

The local EMS agency medical director should have administrative experience in emergency medical services systems.

Each local EMS agency medical director should establish clinical specialty advisory groups composed of physicians with appropriate specialties and non-physician providers (including nurses and prehospital providers), and/or should appoint medical consultants with expertise in trauma care, pediatrics, and other areas, as needed.

#### Current Status:

The EMS Agency Medical Director is a California licensed and Board Certified Physician with extensive emergency medicine experience.

#### Coordination with other EMS Agencies:

Not applicable for this Standard.

#### Need(s):

Meets Standard. The Recommended Guideline is inappropriate for the size and composition of the medical community of this County.

#### Objective 1.04:

Continue to ensure that the County of El Dorado EMS Agency Medical Director is an experienced, fully qualified, licensed physician.

#### Time Frame for Objective:

☒ Short Range Plan (one year or less)

☐ Long Range Plan (more than one year)

## **System Organization and Management**

### **Planning Activities**

#### **Standard:**

- 1.05 Each local EMS agency shall develop an EMS system plan based on community need and utilization of appropriate resources, and shall submit it to the EMS Authority. The plan shall:
- a) assess how the current system meets these guidelines,
  - b) identify system needs for patients within each of the targeted clinical categories (as defined in Section II), and
  - c) provide a methodology and time line for meeting these needs.

#### **Current Status:**

This is a countywide EMS Plan developed by the County of El Dorado EMS Agency for submission to the State EMS Authority. The plan assesses how the current County of El Dorado EMS system meets the State guidelines, identifies system needs for patients within targeted clinical categories, and provides methodology and time lines for addressing the needs identified in this Plan.

#### **Coordination with other EMS Agencies:**

Not applicable for this Standard.

#### **Need(s):**

Meets Standard.

#### **Objective 1.05:**

Utilize County of El Dorado EMS Plan as a basis for providing methodology and time lines for meeting EMS system needs.

#### **Time Frame for Objective:**

☐ Short Range Plan (one year or less)

☐ Long Range Plan (more than one year)

## **System Organization and Management**

### **Planning Activities**

#### **Standard:**

- 1.06 Each local EMS agency shall develop an annual update to its EMS System Plan and shall submit it to the EMS Authority. The update shall identify progress made in plan implementation and changes to the planned system design.

#### **Current Status:**

This is an ongoing standard. The agency will submit annual updates to the EMS Authority as required.

#### **Coordination with other EMS Agencies:**

Not applicable for this Standard.

#### **Need(s):**

Meets Standard.

#### **Objective 1.06:**

Provide annual EMS Plan updates.

#### **Time Frame for Objective:**

☐ Short Range Plan (one year or less)

☐ Long Range Plan (more than one year)

## System Organization and Management

### Planning Activities

#### Standard:

1.07 The local EMS agency shall plan for trauma care and shall determine the optimal system design for trauma care in its jurisdiction.

#### Recommended Guideline:

The local EMS Agency should designate appropriate facilities or execute agreements with trauma facilities in other jurisdictions.

#### Current Status:

The El Dorado County Trauma Plan has been adopted by the County Board of Supervisors and approved by the State EMS Authority.

#### Coordination with other EMS Agencies:

Coordination is accomplished through informal communication with adjacent EMS agencies, as well as formal participation with the local Office of Emergency Services (OES) utilizing the Region IV Plan. Sierra-Sacramento Valley (SSV) EMS Agency and the Sacramento County EMS Agency have both provided Jurisdictional Letters of Agreement regarding the transfer of Trauma Patients from El Dorado County to Trauma Centers located in Sacramento County and SSV.

#### Need(s):

Meets Standard. To comply with the Recommended Guideline, upon application from intracounty acute care facilities, the Agency will proceed with designating Trauma Center levels and ensuring that appropriate agreements have been executed.

#### Objective 1.07:

Continue to utilize the approved, comprehensive Trauma Plan, and designate Trauma Center through executed agreements.

#### Time Frame for Objective:

☐ Short Range Plan (one year or less)

☒ Long Range Plan (more than one year)

## **System Organization and Management**

### **Planning Activities**

#### **Standard:**

- 1.08 Each local EMS agency shall plan for eventual provision of advanced life support services throughout its jurisdiction.

#### **Current Status:**

All emergency ambulances that respond to 9-1-1 calls within El Dorado County provide ALS service. First responder service is provided at either the ALS or BLS level throughout the County.

#### **Coordination with other EMS Agencies:**

Coordination with Alpine, Nevada, Placer, San Joaquin, Calaveras, Amador, Sacramento, Yolo, Tuolumne and Stanislaus Counties is accomplished through the Region IV Mutual Aid System.

#### **Need(s):**

Meets Standard.

#### **Objective 1.08:**

Continue to monitor needs, and encourage expansion of first responder ALS services where appropriate.

#### **Time Frame for Objective:**

☐ Short Range Plan (one year or less)

☐ Long Range Plan (more than one year)

## **System Organization and Management**

### **Planning Activities**

#### **Standard:**

- 1.09 Each local EMS agency shall develop a detailed inventory of EMS resources (e.g., personnel, vehicles, and facilities) within its area and, at least annually, shall update this inventory.

#### **Current Status:**

The EMS Agency has updated inventory of EMS resources posted to the EMS Agency website ([www.edcgov.us/ems](http://www.edcgov.us/ems) )

#### **Coordination with other EMS Agencies:**

Not applicable for this Standard.

#### **Need(s):**

Meets Standard.

#### **Objective 1.09:**

Collect and update the resource inventory annually.

#### **Time Frame for Objective:**

☐

Short Range Plan (one year or less)

☐

Long Range Plan (more than one year)

## **System Organization and Management**

### **Planning Activities**

#### **Standard:**

- 1.10 Each local EMS agency shall identify population groups served by the EMS system which require specialized service (e.g., elderly, handicapped, children, non-English speakers).

#### **Recommended Guideline:**

Each local EMS agency should develop services, as appropriate, for special population groups served by the EMS system which require specialized service (e.g., elderly, handicapped, children, non-English speakers).

#### **Current Status:**

El Dorado County has a number of skilled nursing facilities and residential care facilities that frequently access the EMS system. We have identified these facilities and their locations. In addition, several of our transport contractors have been identifying addresses in rural areas where it is known an individual with special needs (i.e., elderly, requires specialized medical equipment, etc.) resides.

#### **Coordination with other EMS Agencies:**

Not applicable for this Standard.

#### **Need(s):**

Meets Standard and Recommended Guideline.

#### **Objective 1.10:**

Assure that population groups that require special needs are identified and appropriate services provided by the EMS system are in place and available to these groups.

#### **Time Frame for Objective:**

☐

Short Range Plan (one year or less)

☐

Long Range Plan (more than one year)

## System Organization and Management

### Planning Activities

#### Standard:

- 1.11 Each local EMS agency shall identify the optimal roles and responsibilities of system participants.

#### Recommended Guideline:

Each local EMS agency should ensure that system participants conform with their assigned EMS system roles and responsibilities, through mechanisms such as written agreements, facility designations, and exclusive operating areas.

#### Current Status:

Base Hospital contracts have been established with Barton Memorial Hospital and Marshall Medical Center. The County, as the provider under a PUM, has contracts with El Dorado County Emergency Services Authority (West Slope JPA), Cal Tahoe Emergency Services Operations Authority (Cal Tahoe JPA), North Tahoe Fire Protection District (NTFPD), and one Air Ambulance contractor to provide service components. The designation of Marshall Medical Center as a Level III Trauma facility was completed in 2009. Additionally, The County of El Dorado Board of Supervisors has established Exclusive Operating Areas in CSA #3 and CSA #7.

#### Coordination with other EMS Agencies:

Not applicable for this Standard.

#### Need(s):

Meets Standard and Recommended Guideline.

#### Objective 1.11:

Monitor contract compliance for all contracts, agreements and MOU's.

#### Time Frame for Objective:

☐ Short Range Plan (one year or less)

☐ Long Range Plan (more than one year)



## **System Organization and Management**

### **Regulatory Activities**

#### **Standard:**

- 1.12 Each local EMS agency shall provide for review and monitoring of EMS system operations.

#### **Current Status:**

EMS system operations are routinely reviewed and monitored through data surveillance, a peer based CQI process, and performance-based contract reviews.

#### **Coordination with other EMS Agencies:**

Not applicable to this standard.

#### **Need(s):**

Meets Standard.

#### **Objective 1.12:**

Provide ongoing and direct review and monitoring of all system components, transport contractors and first responders participating in the EMS system; document compliance with performance-based contracts; enforce penalties for noncompliance; communicate findings of system reviews to affected system participants; and facilitate programs to improve operations efficiency and effectiveness.

#### **Time Frame for Objective:**

☐ Short Range Plan (one year or less)

☐ Long Range Plan (more than one year)

## **System Organization and Management**

### **Regulatory Activities**

#### **Standard:**

- 1.13 Each local EMS agency shall coordinate EMS system operations.

#### **Current Status:**

System operations are coordinated and refined on a continuous basis through the use of performance-based contracts, agreements, MOUs, policy, plans and committees.

#### **Coordination with other EMS Agencies:**

Not applicable for this Standard.

#### **Need(s):**

Meets Standard.

#### **Objective 1.13:**

Continue to refine coordination of system operations, provide regular contact with all EMS system participants; promptly respond to all requests for information and assistance.

#### **Time Frame for Objective:**

☐

Short Range Plan (one year or less)

☐

Long Range Plan (more than one year)

## **System Organization and Management**

### **Regulatory Activities**

#### **Standard:**

- 1.14 Each local EMS agency shall develop a policy and procedures manual, which includes all EMS agency policies and procedures. The agency shall ensure that the manual is available to all EMS system providers (including public safety agencies, ambulance services, and hospitals) within the system.

#### **Current Status:**

The EMS Agency Policy and Procedure Manual is a living document that is reviewed annually for development and revision by the Paramedic Advisory Committee and Medical Advisory Committee and is available on the EMS Agency website ([www.edcgov.us/ems](http://www.edcgov.us/ems)).

#### **Coordination with other EMS Agencies:**

Not applicable for this Standard.

#### **Need(s):**

Meets Standard.

#### **Objective 1.14:**

Develop and maintain a comprehensive policy and procedure manual and make it available to all EMS system participants; review and modify on a regular basis.

#### **Time Frame for Objective:**

☐ Short Range Plan (one year or less)

☐ Long Range Plan (more than one year)

## **System Organization and Management**

### **Regulatory Activities**

#### **Standard:**

- 1.15 Each local EMS agency shall have a mechanism to review, monitor, and enforce compliance with system policies.

#### **Current Status:**

The EMS Agency has performance-based contracts and/or agreements in place with base hospitals, emergency medical dispatch centers, and transport contractors to enforce compliance with system policies, California State statutes and the County Emergency Medical Services and Medical Transportation Ordinance. Compliance is assured through regular quality assurance reviews and performance-based contract reviews.

#### **Coordination with other EMS Agencies:**

Not applicable for this Standard.

#### **Need(s):**

Meets Standard.

#### **Objective 1.15:**

Continue to review, monitor, and enforce compliance with system policies, contracts, California State statutes and the County Emergency Medical Services and Medical Transportation Ordinance.

#### **Time Frame for Objective:**

☐ Short Range Plan (one year or less)

☐ Long Range Plan (more than one year)

## **System Organization and Management**

### **System Finances**

#### **Standard:**

- 1.16 Each local EMS agency shall have a funding mechanism, which is sufficient to ensure its continued operation and shall maximize use of the Emergency Medical Services Fund.

#### **Current Status:**

The EMS Agency is fully funded by a combination of dollars from the general fund, certification fees, and the EMS Fund.

#### **Coordination with other EMS Agencies:**

Not applicable for this Standard.

#### **Need(s):**

Meets Standard.

#### **Objective 1.16:**

Ensure continued EMS Agency operations regardless of funding source.

#### **Time Frame for Objective:**

☐ Short Range Plan (one year or less)

☐ Long Range Plan (more than one year)

## **System Organization and Management**

### **Medical Direction**

#### **Standard:**

- 1.17 Each local EMS agency shall plan for medical direction within the EMS system. The plan shall identify the optimal number and role of base hospitals and alternative base stations and the roles, responsibilities, and relationships of prehospital and hospital providers.

#### **Current Status:**

Medical control is accomplished through development and enforcement of EMS system protocols, policies and procedures, dispatch contracts, Base Hospital contracts, Trauma agreements and quality assurance review of service delivery. The County EMS Medical Director exercises medical control over the County EMS system.

The County has designated two Base Hospitals whose roles and responsibilities are identified in base hospital contracts. There are two acute care hospital facilities located in El Dorado County. The base hospitals exercise on-line medical control over all field responses.

Roles, responsibilities and relationships between prehospital and hospital contractors are established in the EMS system protocols, policies and procedures, Base Hospital contracts, and transport contracts.

#### **Coordination with other EMS Agencies:**

While there are no formal relationships with other local EMS agencies, the Agency recognizes the ability of other paramedics to function under their County policies and protocols when operating in this County under mutual aid requests.

#### **Need(s):**

Meets Standard.

#### **Objective 1.17:**

Continue the present strong direct and indirect medical control system; refine as needed.

#### **Time Frame for Objective:**

☐ Short Range Plan (one year or less)

☐ Long Range Plan (more than one year)

## **System Organization and Management**

### **Medical Direction**

#### **Standard:**

- 1.18 Each local EMS agency shall establish a quality assurance/quality improvement program. This may include use of provider-based programs which are approved by the local EMS agency and which are coordinated with other system participants.

#### **Recommended Guideline:**

Prehospital care providers should be encouraged to establish in-house procedures, which identify methods of improving the quality of care provided.

#### **Current Status:**

This Agency is heavily involved in Quality Assurance/Quality Improvement (QA/QI) activities through the efforts of the EMS Quality Improvement Coordinator.

The ambulance transport contractors for the west slope and the Lake Tahoe basin internally review 100% of all documentation associated with providing ambulance services. Additionally, the EMS Agency's Quality Improvement Coordinator reviews all Prehospital Care Reports (PCR's) and conducts field audits to verify ambulance transport contractors' findings and assure that appropriate prehospital care is being provided by system EMS personnel.

Base Hospital Medical Directors, as identified in the Base Hospital contracts, are also required to review prehospital patient care on a concurrent, retrospective and continuing basis. Base Hospital Medical Directors are also required to submit to the EMS Agency monthly reports of any calls identified as questionable by the emergency room staff, Base Hospital Director, and/or Base Hospital Coordinator. Marshall Medical Center and Barton Memorial Hospital's internal quality review program meets or exceeds all QA/QI requirements outlined in the Base Hospital contracts.

Dispatch QA is accomplished at the Agency level through case and statistical review, as well as through use of ProQA and AQUA software programs for pre-arrival instruction competency of dispatchers.

#### **Coordination with other EMS Agencies:**

Not applicable for this Standard.

**Need(s):**

This standard and recommended guideline is clearly met by the ambulance transport contractors operating in the County, Marshall Medical Center, Barton Memorial Hospital and both dispatch centers. Additionally, this Agency will continue to further develop and refine existing quality assurance/improvement programs to include all EMS system participants, and to enhance data collection capabilities to quantify QA outcomes.

**Objective 1.18:**

Continue policy development and performance evaluation to ensure system-wide quality assurance program compliance by all system participants including field EMS personnel, Marshall Medical Center, Barton Memorial Hospital and both dispatch centers.

**Time Frame for Objective:**

☐ Short Range Plan (one year or less)

☐ Long Range Plan (more than one year)



## System Organization and Management

### Medical Direction

#### **Standard:**

- 1.19 Each local EMS agency shall develop written policies, procedures, and/or protocols including, but not limited to:
- a) triage,
  - b) treatment,
  - c) medical dispatch protocols,
  - d) transport,
  - e) on-scene treatment times,
  - f) transfer of emergency patients,
  - g) standing orders,
  - h) base hospital contact,
  - i) on scene physicians and other medical personnel,
  - j) local scope of practice for prehospital personnel.

#### **Recommended Guideline:**

Each local EMS agency should develop (or encourage the development of) pre-arrival/post-dispatch instructions.

#### **Current Status:**

Detailed policies, procedures and protocols are in place for all clinical and operational situations. Policies, procedures and protocols for pre-arrival and post-dispatch activities have been developed and implemented. Emergency Medical Dispatch (EMD) protocols with an automated CQI link have been established through ProQA and AQUA software programs. El Dorado County has also adopted the Region IV MCI Disaster Plan, which includes triage procedures.

#### **Coordination with other EMS Agencies:**

Not applicable for this standard.

#### **Need(s):**

Meets Standard and Recommended Guideline. Continue to refine the policies and procedure manual, and field treatment protocols.

#### **Objective 1.19:**

Update and ensure that countywide policies, procedures and protocols are in place for all ambulance transport contractors of prehospital services and agencies functioning within the system.

#### **Time Frame for Objective:**

☐ Short Range Plan (one year or less)

☐ Long Range Plan (more than one year)

## **System Organization and Management**

### **Medical Direction**

#### **Standard:**

- 1.20 Each local EMS agency shall have a policy regarding "Do Not Resuscitate (DNR)" situations in the prehospital setting, in accordance with the EMS Authority's DNR guidelines.

#### **Current Status:**

A "Do Not Resuscitate" (DNR) policy is in place in accordance with the EMS Authority DNR guidelines.

#### **Coordination with other EMS Agencies:**

Not applicable for this Standard.

#### **Need(s):**

Meets Standard.

#### **Objective 1.20:**

Continue to update DNR policy to reflect current legal precedents.

#### **Time Frame for Objective:**

☐ Short Range Plan (one year or less)

☐ Long Range Plan (more than one year)

## **System Organization and Management**

### **Medical Direction**

#### **Standard:**

- 1.21 Each local EMS agency in conjunction with the county coroner(s) shall develop a policy regarding determination of death, including deaths at the scene of apparent crimes.

#### **Current Status:**

A "Determination of Death" policy is in place.

#### **Coordination with other EMS Agencies:**

Not applicable for this Standard.

#### **Need(s):**

Meets Standard.

#### **Objective 1.21:**

Continue to update "Determination of Death" policy in conjunction with county coroner to reflect current legal precedents.

#### **Time Frame for Objective:**

☐ Short Range Plan (one year or less)

☐ Long Range Plan (more than one year)

## **System Organization and Management**

### **Medical Direction**

#### **Standard:**

- 1.22 Each local EMS agency shall ensure that providers have a mechanism for reporting child abuse, elder abuse, and suspected SIDS deaths.

#### **Current Status:**

To assist the County's EMS transport contractors in complying with the State reporting requirements, we have placed reporting procedures and a copy of the CPS and APS report forms and instructions on the EMS Agency website (<http://www.edcgov.us/ems>). A formal policy has been developed and implemented. A formal mechanism for reporting suspected SIDS deaths has also been implemented.

#### **Coordination with other EMS Agencies:**

Not applicable for this Standard.

#### **Need(s):**

Meets Standard.

#### **Objective 1.22:**

Maintain policy on child and adult abuse.

#### **Time Frame for Objective:**

☐ Short Range Plan (one year or less)

☐ Long Range Plan (more than one year)

## **System Organization and Management**

### **Medical Direction**

#### **Standard:**

- 1.23 The local EMS medical director shall establish policies and protocols for scope of practice of all prehospital medical personnel during interfacility transfers.

#### **Current Status:**

Policies and procedures have been developed and are in place for identifying the scope of practice for prehospital medical personnel during interfacility transfers.

#### **Coordination with other EMS Agencies:**

Not applicable for this Standard.

#### **Need(s):**

Meets Standard.

#### **Objective 1.23:**

Continue to monitor and review interfacility transfer policies and protocols.

#### **Time Frame for Objective:**

☐ Short Range Plan (one year or less)

☐ Long Range Plan (more than one year)

## System Organization and Management

### Advanced Life Support

#### Standard:

1.24 Advanced life support services shall be provided only as an approved part of a local EMS system and all ALS providers shall have written agreements with the local EMS agency.

#### Recommended Guideline:

Each local EMS agency, based on state approval, should, when appropriate, develop exclusive operating areas for ALS providers.

#### Current Status:

The County, as the provider under a PUM, has performance-based contracts with Joint Powers Authorities established on the east and west slope of El Dorado County to provide ALS services. Exclusive Operating Areas have been established by the Board of Supervisors in CSA #3 and CSA #7.

#### Coordination with other EMS Agencies:

Not applicable for this Standard.

#### Need(s):

Meets Standard and Recommended Guideline.

#### Objective 1.24:

Continue to review and update ALS agreements, and maintain an approved EMS Plan that reflects the directives from the El Dorado County Board of Supervisors, the advice of County Counsel, and the standards and guidelines of the State EMS Authority regarding ALS services and the CSA-#3 and CA #7 Exclusive Operating Areas designation.

#### Time frame for Objective:

☐ Short Range Plan (one year or less)

☐ Long Range Plan (more than one year)

## **System Organization and Management**

### **Advanced Life Support**

#### **Standard:**

- 1.25 Each EMS system shall have on-line medical direction, provided by a base hospital (or alternative base station) physician or authorized registered nurse/mobile intensive care nurse.

#### **Recommended Guideline:**

- Each EMS system should develop a medical control plan which determines:
- a) the base hospital configuration for the system,
  - b) the process for selecting base hospitals, including a process for designation which allows all eligible facilities to apply,
  - c) the process for the need for in-house medical direction for provider agencies.

#### **Current Status:**

Marshall Medical Center and Barton Memorial Hospital have been designated as base hospitals. Both hospitals provide on-line medical control by physicians or certified mobile intensive care nurses. Base hospital contracts have been established with both hospitals.

#### **Coordination with other EMS Agencies:**

Not applicable for this Standard.

#### **Need(s):**

Meets Standard and Recommended Guideline.

#### **Objective 1.25:**

Review and update contracts as needed.

#### **Time Frame for Objective:**

☐ Short Range Plan (one year or less)

☐ Long Range Plan (more than one year)

## **System Organization and Management**

### **Trauma Care System**

#### **Standard:**

- 1.26 The local EMS agency shall develop a trauma care system plan, based on community needs and utilization of appropriate resources, which determines:
- a) the optimal system design for trauma care in the EMS area, and
  - b) the process for assigning roles to system participants, including a process which allows all eligible facilities to apply.

#### **Current Status:**

The County of El Dorado Trauma Plan has been adopted by the El Dorado County Board of Supervisors and approved by the State EMS Authority. The Plan is updated annually and submitted to the State EMS Authority for approval.

#### **Coordination with other EMS Agencies:**

Not applicable for this Standard.

#### **Need(s):**

Meets Standard.

#### **Objective 1.26:**

Review and update the Trauma Plan annually and submit to the State EMS Authority for approval.

#### **Time Frame for Objective:**

☐ Short Range Plan (one year or less)

☐ Long Range Plan (more than one year)



## **System Organization and Management**

### **Pediatric Emergency Medical and Critical Care System**

#### **Standard:**

- 1.27 The local EMS agency shall develop a pediatric emergency medical and critical care system plan, based upon community needs and utilization of appropriate resources, which determines:
- a) the optimal system design for pediatric emergency medical and critical care in the EMS area, and
  - b) the process for assigning roles to system participants, including a process which allows all eligible facilities to apply.

#### **Current Status:**

There are no eligible pediatric facilities in El Dorado County. El Dorado County's pediatric emergency medical and critical care system plan is met by transferring seriously ill or injured children to a regional designated pediatric intensive care center.

#### **Coordination with other EMS Agencies:**

Not applicable for this Standard.

#### **Need(s):**

Meets Standard.

#### **Objective 1.27:**

Continue to review and evaluate pediatric critical care.

#### **Time Frame for Objective:**

☐ Short Range Plan (one year or less)

☐ Long Range Plan (more than one year)

## **System Organization and Management**

### **Exclusive Operating Area**

#### **Standard:**

- 1.28 The local EMS agency shall develop, and submit for state approval, a plan based on community needs and utilization of appropriate resources, for granting of exclusive operating areas which determines:
- a) the optimal system design for ambulance service and advanced life support services in the EMS area, and
  - b) the process for assigning roles to system participants, including a competitive process for implementation of exclusive operating areas.

#### **Current Status:**

County Service Area No. 3 (CSA #3) was established as an emergency (911) ambulance services Exclusive Operating Area (EOA) by the El Dorado County Board of Supervisors in 2001 and the County operates ambulance services through a Public Utility Model. Cal Tahoe was selected as the County's contractor for ambulance transport and dispatch services following a formal Request for Proposal (RFP) process conducted by the County in 2001 and again in 2011. The 2011 Cal Tahoe contract was awarded for five (5) years with the option to extend an additional five (5) years based on successfully meeting the performance criteria in the contract. The current contract expires in August 2016.

The County operates in CSA #7 under a Public Utility Model. On August 16, 2011, the Board of Supervisors established an Exclusive Operating Area in CSA #7 and grandfathered the County as the exclusive provider for all emergency (911) ambulance services pursuant to California Health and Safety Code section 1797.224, as well as non-emergency and inter-facility ambulance transport services that both originate in and terminate in CSA#7. The County contracts certain transportation components to the El Dorado County Emergency Services Authority.

#### **Coordination with other EMS Agencies:**

Not applicable for this Standard.

#### **Need(s):**

Meets Standard.

**Objective 1.28:**

Maintain a current, approved EMS Plan that reflects directives from the El Dorado County Board of Supervisors, County Counsel, and the State EMS Authority regarding establishment of Exclusive Operating Areas for CSA #3 and CSA #7.

**Time Frame for Objective:**

☐

Short Range Plan (one year or less)

☐

Long Range Plan (more than one year)

## **Staffing/Training**

### **Local EMS Agency**

#### **Standard:**

2.01 The local EMS agency shall routinely assess personnel and training needs.

#### **Current Status:**

The EMS Agency assesses all training needs for all prehospital personnel according to State standards. Training programs for prehospital personnel have been developed and implemented. Paramedic and EMT continuing education (CE) programs are in place.

#### **Coordination with other EMS Agencies:**

Not applicable for this Standard.

#### **Need(s):**

Meets Standard.

#### **Objective 2.01:**

Continue to assess personnel and training needs in accordance with State standards.

#### **Time Frame for Objective:**

☐

Short Range Plan (one year or less)

☐

Long Range Plan (more than one year)

## Staffing/Training

### Local EMS Agency

#### Standard:

with state regulations.

2.02 The EMS Authority and/or local EMS agencies shall have a mechanism to approve EMS education programs which require approval (according to regulations) and shall monitor them to ensure that they comply

#### Current Status:

Procedures and mechanisms are in place to approve and monitor EMS education and continuing education (CE) programs.

#### Coordination with other EMS Agencies:

Not applicable for this Standard.

#### Need(s):

Meets Standard.

#### Objective 2.02:

Ensure the training programs approved by the County comply with state and local regulations and guidelines.

#### Time Frame for Objective:

☐ Short Range Plan (one year or less)

☐ Long Range Plan (more than one year)

## **Staffing/Training**

### **Local EMS Agency**

#### **Standard:**

2.03 The local EMS Agency shall have mechanisms to accredit, authorize, and certify prehospital medical personnel and conduct certification reviews, in accordance with state regulations. This shall include a process for prehospital providers to identify and notify the local EMS Agency of unusual occurrences which could impact EMS personnel certification.

#### **Current Status:**

There are mechanisms in place for certification, accreditation, and related actions, as well as a process for prehospital transport contractors and first responders to notify the EMS Agency of incidents which could impact system personnel certification. Additionally, the EMS Agency receives CORI Reports and subsequent arrest reports for all EMTs.

#### **Coordination with other EMS Agencies:**

Not applicable for this Standard.

#### **Need(s):**

Meets Standard.

#### **Objective 2.03:**

Continue to monitor and develop current policies and procedures to assure that personnel are operating in accordance with state regulations.

#### **Time Frame for Objective:**

☐ Short Range Plan (one year or less)

☐ Long Range Plan (more than one year)

## Staffing/Training

### Dispatchers

#### Standard:

2.04 Public safety answering point (PSAP) operators with medical responsibility shall have emergency medical orientation and all medical dispatch personnel (both public and private) shall receive emergency medical dispatch training in accordance with the EMS Authority's Emergency Medical Dispatch Guidelines

#### Recommended Guideline:

Public safety answering point (PSAP) operators with medical dispatch responsibilities and all medical dispatch personnel (both public and private) should be trained and tested in accordance with the EMS Authority's Emergency Medical Dispatch Guidelines.

#### Current Status:

Both dispatch agencies use County-approved Medical Priority's Advanced Medical Priority Dispatch System, including ProQA and AQUA software. All dispatch staff have received emergency medical orientation and emergency medical dispatch training and are currently certified under the National Academy of Emergency Medical Dispatch.

#### Coordination with other EMS Agencies:

By informal agreement, CAL FIRE (Grass Valley) provides emergency medical dispatch in the event that all El Dorado County dispatchers are unable to deliver service.

#### Need(s)

Meets Standard and Recommended Guideline.

#### Objective 2.04:

Continue ongoing and direct review and monitoring of the EMD system operations and medical dispatch personnel certification.

#### Time frame for Objective:

☐ Short Range Plan (one year or less)

☐ Long Range Plan (more than one year)

## Staffing/Training

### First Responders (non-transporting)

#### Standard:

2.05 At least one person on each non-transporting EMS first response unit shall have been trained to administer first aid and CPR within the previous three years.

#### Recommended Guideline:

At least one person on each non-transporting EMS first response unit should be currently certified to provide defibrillation and have available equipment commensurate with such scope of practice, when such a program is justified by the response times for other ALS providers.

At least one person on each non-transporting EMS first response unit should be currently certified at the EMT level and have available equipment commensurate with such scope of practice.

#### Current Status:

Public safety personnel are trained to a minimum of Public Safety First Aid and CPR in accordance with Title 22. All County EMS first responders are trained to, at minimum, the first responder technician level.

*EMS First Responder Unit* is defined as any vehicle requested through an authorized PSAP to deliver emergency medical care.

#### Coordination with other EMS Agencies:

Not applicable for this Standard.

#### Need(s):

Meets Standard and Recommended Guideline.

#### Objective 2.05:

Monitor transport contractors' contracts for EMS first response compliance to the above standard.

#### Time frame for Objective:

☐ Short Range Plan (one year or less)

☐ Long Range Plan (more than one year)



## **Staffing/Training**

### **First Responders (non-transporting Standard:**

2.06 Public safety agencies and industrial first aid teams shall be encouraged to respond to medical emergencies and shall be utilized in accordance with local EMS agency policies.

### **Current Status:**

There are a number of organizations providing medical first response within the County, including, but not limited to, fire services, law enforcement and industrial first aid teams. The EMS Agency has policies relating to fire service first-responder personnel, but no formal policies relating to law enforcement or industrial first aid teams.

### **Coordination with other EMS Agencies:**

Not applicable for this Standard.

### **Need(s):**

Meets Standard. .

### **Objective 2.06:**

Facilitate and coordinate countywide first responder programs.

### **Time Frame for Objective:**

☐ Short Range Plan (one year or less)

☐ Long Range Plan (more than one year)

## **Staffing/Training**

### **First Responders (non-transporting)**

#### **Standard:**

2.07 Non-transporting EMS first responders shall operate under medical direction policies, as specified by the local EMS agency medical director.

#### **Current Status:**

The EMS Agency has policies, procedures and protocols in place for non-transporting EMS first responders. These policies, procedures and protocols are approved by the EMS agency medical director.

#### **Coordination with other EMS Agencies:**

Not applicable for this Standard.

#### **Need(s):**

Meets Standard.

#### **Objective 2.07:**

Ensure that all Non-transporting EMS first responders operate under local medical direction policies.

#### **Time Frame for Objective:**

☐ Short Range Plan (one year or less)

☐ Long Range Plan (more than one year)

## Staffing/Training

### Transport Personnel

#### Standard:

2.08 All emergency medical transport vehicle personnel shall be currently certified at least at the EMT level.

#### Recommended Guideline:

If advanced life support personnel are not available, at least one person on each emergency medical transport vehicle should be trained to provide defibrillation.

#### Current Status:

At a minimum, emergency medical transport vehicles are required to have one attendant certified at the Paramedic level and one driver certified at the EMT level.

#### Coordination with other EMS Agencies:

Not applicable for this Standard.

#### Need(s):

Meets Standard and Recommended Guideline.

#### Objective 2.08:

Maintain current status.

#### Time Frame for Objective:

☐ Short Range Plan (one year or less)

☐ Long Range Plan (more than one year)

## **Staffing/Training**

### **Hospital**

#### **Standard:**

2.09 All allied health personnel who provide direct emergency patient care shall be trained in CPR.

#### **Current Status:**

All first responders, ambulance, and hospital personnel who provide direct emergency patient care are required to be trained in CPR.

#### **Coordination with other EMS Agencies:**

Not applicable for this Standard.

#### **Need(s):**

Meets Standard.

#### **Objective 2.09:**

Continue to ensure that all health personnel who provide direct emergency patient care are trained in CPR.

#### **Time Frame for Objective:**

☐

Short Range Plan (one year or less)

☐

Long Range Plan (more than one year)

## Staffing/Training

### **Hospital Standard:**

2.10 All emergency department physicians and registered nurses who provide direct emergency patient care shall be trained in advanced life support.

### **Recommended Guideline:**

All emergency department physicians should be certified by the American Board of Emergency Medicine.

### **Current Status:**

All base hospital emergency physicians and MICNs are required to maintain ACLS certification. Base hospitals require that all licensed critical care nursing staff possess ACLS certification. Hospitals recommend but do not require that emergency department physicians be Board certified by ABEM; however, ACLS certification is required.

### **Coordination with other EMS Agencies:**

Not applicable for this Standard.

### **Need(s):**

Meets Standard and Recommended Guideline.

### **Objective 2.10:**

Maintain current status.

### **Time frame for Objective:**

☐ Short Range Plan (one year or less)

☐ Long Range Plan (more than one year)

## Staffing/Training

### Advanced Life Support

#### **Standard:**

2.11 The local EMS agency shall establish a procedure for accreditation of advanced life support personnel, which includes orientation to system policies, and procedures, orientation to the roles and responsibilities of providers within the local EMS system, testing in any optional scope of practice, and enrollment into the local EMS agency's quality assurance/quality improvement process.

#### **Current Status:**

Procedures are in place for the accreditation of advanced life support personnel that include orientation to system policies and procedures, orientation to the roles and responsibilities of transport contractors and first responders within the local EMS system, and evaluation of optional scopes of practice. A Continuous Quality Improvement program is in place and available to all EMS personnel.

#### **Coordination with other EMS Agencies:**

Not applicable for this Standard.

#### **Need(s):**

Meets Standard.

#### **Objective 2.11:**

Maintain current status.

#### **Time Frame for Objective:**

☐ Short Range Plan (one year or less)

☐ Long Range Plan (more than one year)

## **Staffing/Training**

### **Advanced Life Support**

#### **Standard:**

2.12 The local EMS agency shall establish policies for local accreditation of public safety and other basic life support personnel in early defibrillation

#### **Current Status:**

Automated External Defibrillation (AED) policies and procedures are in place for EMT and first responder level certification.

#### **Coordination with other EMS Agencies:**

Not applicable for this Standard.

#### **Need(s):**

Meets Standard.

#### **Objective 2.12:**

Continue to update and monitor policies and procedures to optimize early defibrillation basic life support personnel.

#### **Time Frame for Objective:**

☐

Short Range Plan (one year or less)

☐

Long Range Plan (more than one year)

## **Staffing/Training**

### **Advanced Life Support**

#### **Standard:**

2.13 All base hospital/alternative base station personnel who provide medical direction to prehospital personnel shall be knowledgeable about local EMS agency policies and procedures and have training in radio communications techniques.

#### **Current Status:**

All base hospitals providing medical direction have trained and certified Mobile Intensive Care Nurses (MICNs) per the Base Hospital contract. Physicians are trained in-house and are assisted by MICNs. Base hospital Physicians and MICN's are knowledgeable about local EMS agency policies and procedures and are trained in radio communications techniques.

#### **Coordination with other EMS Agencies:**

Not applicable for this Standard.

#### **Need(s):**

Meets Standard.

#### **Objective 2.13:**

Maintain current status.

#### **Time Frame for Objective:**

☐

Short Range Plan (one year or less)

☐

Long Range Plan (more than one year)



## Communications

### Communications Equipment

#### Standard:

3.01 The local EMS agency shall plan for EMS communications. The plan shall specify the medical communications capabilities of emergency medical transport vehicles, non-transporting advanced life support responders, and acute care facilities and shall coordinate the use of frequencies with other users.

#### Recommended Guideline:

The local EMS agency's communications plan should consider the availability and use of satellites and cellular telephones.

#### Current Status:

El Dorado County does not currently have a formal communications plan. However, radio frequency coordination is specified in the County's transport contractor's performance-based contract. All El Dorado County emergency medical transport vehicles, non-transporting advanced life support responders, base hospitals, and dispatch centers have radio and cellular telephone capabilities. The use of satellite systems is currently under evaluation, but is not in use in El Dorado County at this time.

#### Coordination with other EMS Agencies:

Communication arrangements with out-of-county EMS agencies are established in the OES disaster plan for Region IV.

#### Need(s):

Meets Standard and Recommended Guideline.

#### Objective 3.01:

Support use of satellite system technology countywide as funding becomes available.

#### Time Frame for Objective:

☐ Short Range Plan (one year or less)

☒ Long Range Plan (more than one year)

## Communications

### Communications Equipment

#### Standard:

3.02 Emergency medical transport vehicles and non-transporting advanced life support responders, shall have two-way radio communications equipment which complies with the local EMS communications plan and which provides for dispatch and ambulance-to-hospital communication.

#### Recommended Guideline:

Emergency medical transport vehicles should have two-way radio communications equipment which complies with the local EMS communications plan, and which provides for vehicle-to-vehicle (including both ambulances and non-transporting first responder units) communications.

#### Current Status:

Currently El Dorado County has two-way radio communication between emergency medical transport vehicles, non-transporting advanced life support responders, dispatch, hospitals and other fire and law enforcement agencies.

#### Coordination with other EMS Agencies:

Not applicable for this Standard.

#### Need(s):

Meets Standard and Recommended Guideline.

#### Objective 3.02:

The above Standard and Recommended Guideline for communications capabilities is met, but need to be incorporated into a local EMS communications plan as stated in Standard 3.01.

Continue to monitor and ensure that communications capabilities meet ongoing system needs.

#### Time Frame for Objective:

☐ Short Range Plan (one year or less)

☒ Long Range Plan (more than one year)

## **Communications**

### **Communications Equipment Standard:**

3.03 Emergency medical transport vehicles used for interfacility transfers shall have the ability to access both the sending and receiving facilities. This could be accomplished by cellular telephone.

### **Current Status:**

All ambulances providing emergency interfacility transfer services have communications capability with sending and receiving facilities through VHF radio frequencies and cell phones. All contracted ALS transporting vehicles providing service in the County have cellular phone capabilities.

### **Coordination with other EMS Agencies:**

The County of El Dorado EMS system coordinates and maintains communications for interfacility transfers with out-of-county sending and receiving facilities.

### **Need(s):**

Meets Standard. To enhance communications, the Agency should identify areas in the County where radio communication is ineffective and incorporate remedies into an EMS communications plan.

### **Objective 3.03:**

Ensure seamless communications in the County of El Dorado EMS system.

### **Time Frame for Objective:**

☐ Short Range Plan (one year or less)

☐ Long Range Plan (more than one year)

## Communications

### Communications Equipment

#### Standard:

3.04 All emergency medical transport vehicles where physically possible (based on geography and technology), shall have the ability to communicate with a single dispatch center or disaster communications command post.

#### Current Status:

All El Dorado County medical transport vehicles have the ability to communicate with a single dispatch center and/or disaster communications command post.

#### Coordination with other EMS Agencies:

Not applicable for this Standard.

#### Need(s):

Meets Standard.

#### Objective 3.04:

Continue to monitor and update communication capabilities as needed.

#### Time Frame for Objective:

☐

Short Range Plan (one year or less)

☐

Long Range Plan (more than one year)

## Communications

### Communications Equipment

#### Standard:

3.05 All hospitals within the local EMS system shall (where physically possible) have the ability to communicate with each other by two-way radio.

#### Recommended Guideline:

All hospitals should have direct communications access to relevant services in other hospitals within the system (e.g., poison information, pediatric and trauma consultation)

#### Current Status:

El Dorado County base stations have communication capabilities via hand-held radios linked to the local Office of Emergency Services (OES). The OES repeater allows for direct communications between OES and the base hospitals in emergency situations where normal communication channels are not available. Both Base Hospitals maintain HAM radio capabilities.

#### Coordination with other EMS Agencies:

Not applicable for this Standard.

#### Need(s):

Meets Standard and Recommended Guideline.

#### Objective 3.05:

Continue the process of monitoring and upgrading EMS communication needs within the County.

#### Time Frame for Objective:

☐ Short Range Plan (one year or less)

☐ Long Range Plan (more than one year)

## Communications

### Communication Equipment

#### Standard:

3.06 The local EMS agency shall review communications linkages among providers (prehospital and hospital) in its jurisdiction for their capability to provide service in the event of multi-casualty incidents and disasters.

#### Current Status:

In the event of multi-casualty incidents and disasters, communications linkage between prehospital and hospital contractors is provided through the CAL FIRE Emergency Command Center (ECC) in conjunction with the communications component of the OES Region IV Plan. In the event of a disaster in the Tahoe basin, the Tahoe Amateur Radio Association (TARA) provides radio communication assistance.

#### Coordination with other EMS Agencies:

Not applicable for this Standard.

#### Need(s):

Meets Standard.

#### Objective 3.06:

Continue to monitor and review EMS communications countywide.

#### Time Frame for Objective:

☐

Short Range Plan (one year or less)

☐

Long Range Plan (more than one year)

## Communications

### Public Access

#### Standard:

3.07 The local EMS agency shall participate in on-going planning and coordination of the 9-1-1 telephone service.

#### Recommended Guideline:

The local EMS agency should promote the development of enhanced 9-1-1 systems.

#### Current Status:

Enhanced 9-1-1 (E9-1-1) has been implemented in El Dorado County. Currently, El Dorado County cellular 9-1-1 calls are initially routed to Sacramento, California Highway Patrol, then routed to local EMS dispatch.

#### Coordination with other EMS Agencies:

Not applicable for this Standard.

#### Need(s):

Meets Standard and Recommended Guideline.

#### Objective 3.07:

Continue to promote development of enhanced 9-1-1 systems in El Dorado County, including linking with statewide and/or regional 9-1-1 cellular accesses.

#### Time Frame for Objective:

☐ Short Range Plan (one year or less)

☐ Long Range Plan (more than one year)

## Communications

### Public Access

#### **Standard:**

3.08 The local EMS agency shall be involved in public education regarding the 9-1-1 telephone service as it impacts system access.

#### **Current Status:**

The EMS Agency is actively involved in public education, such as EMS Week, regarding the 9-1-1 telephone service in the County. The Agency distributes brochures for children on CPR and the Heimlich maneuver in English and Spanish, bike helmet safety stickers, fire safety stickers, and 9-1-1 educational coloring books as part of the EMS Week effort. Direct education is provided by other agencies, facilities and transport contractors.

#### **Coordination with other EMS Agencies:**

Not applicable for this Standard.

#### **Need(s):**

Meets Standard.

#### **Objective 3.08:**

Assist with the provision of public information regarding appropriate use of 9-1-1.

#### **Time Frame for Objective:**

☐ Short Range Plan (one year or less)

☐ Long Range Plan (more than one year)



## Communications

### Resource Management

#### Standard:

3.09 The local EMS agency shall establish guidelines for proper dispatch triage which identifies appropriate medical response.

#### Recommended Guideline:

The local EMS agency should establish an emergency medical dispatch priority reference system, including systemized caller interrogation, dispatch triage policies, pre-arrival instructions.

#### Current Status:

The County has established guidelines for an emergency medical dispatch priority reference system, including systemized caller interrogation and pre-arrival instructions. The ProQA portion of the Advanced Medical Priority Dispatch System, which includes dispatch triage policies, allows tiered response dispatch.

#### Coordination with other EMS Agencies:

Not applicable for this Standard.

#### Need(s):

Meets Standard and Recommended Guideline.

#### Objective 3.09:

Continue to refine current programs.

#### Time Frame for Objective:

☐ Short Range Plan (one year or less)

☐ Long Range Plan (more than one year)

## Communications

### Resource Management

#### Standard:

3.10 The local EMS system shall have functionally integrated dispatch with system-wide emergency services coordination, using standardized communications frequencies.

#### Recommended Guideline:

The local EMS agency should develop a mechanism to ensure appropriate system-wide ambulance coverage during periods of peak demand

#### Current Status:

El Dorado County currently provides functionally integrated dispatch for emergency services coordination, using standardized communication frequencies and procedures. The local EMS Agency currently ensures system-wide ambulance coverage during peak demand as specified in ambulance and dispatch agency contracts. El Dorado County Frequencies that operate on MedNet are in the process of being narrow banded.

#### Coordination with other EMS Agencies:

Not applicable for this Standard.

#### Need(s):

Meets Standard and Recommended Guideline.

#### Objective 3.10:

Continue to monitor ambulance communications during periods of peak demand. Ensure all El Dorado County MedNet frequencies are narrow banding prior to January 1, 2013.

#### Time Frame for Objective:

☒ Short Range Plan (one year or less)

☐ Long Range Plan (more than one year)

## Response and Transportation

### **Standard:**

4.01 The local EMS agency shall determine the boundaries of emergency medical transportation service areas.

### **Recommended Guideline:**

The local EMS agency should secure a county ordinance or similar mechanism for establishing emergency medical transport areas (e.g., ambulance response zones).

### **Current Status:**

Emergency medical transport service areas, approximately equivalent to the geographical descriptions of the County Service Areas, have been established and are included in the County Emergency Medical Services and Medical Transportation Ordinance.

### **Coordination with other EMS Agencies:**

Not applicable for this Standard.

### **Need(s):**

Meets Standard and Recommended Guideline.

### **Objective 4.01:**

Ensure that medical transport areas are appropriately defined.

### **Time frame for Objective:**

☐

Short Range Plan (one year or less)

☐

Long Range Plan (more than one year)

## Response and Transportation

### **Standard:**

4.02 The local EMS agency shall monitor emergency medical transportation services to ensure compliance with appropriate statutes, regulations, policies, and procedures.

### **Recommended Guideline:**

The local EMS agency should secure a county ordinance or similar mechanism for licensure of emergency medical transport services. These should be intended to promote compliance with overall system management and should, wherever possible, replace any other local ambulance regulatory programs within the EMS area.

### **Current Status:**

County has a County Emergency Medical Services and Medical Transportation Ordinance that establishes the levels and licensure requirement for emergency and non-emergency transport services.

### **Coordination with other EMS Agencies:**

Not applicable for this Standard.

### **Need(s):**

Meets Standard and Recommended Guideline.

### **Objective 4.02:**

Continue to monitor compliance with contract and permit requirements as well as the County Emergency Medical Services and Medical Transportation Ordinance. Update the County Emergency Medical Services and Medical Transportation Ordinance as needed.

### **Time Frame for Objective:**

☐ Short Range Plan (one year or less)

☐ Long Range Plan (more than one year)

## **Response and Transportation**

### **Standard:**

4.03 The local EMS agency shall determine criteria for classifying medical requests (e.g., emergent, urgent, and non-emergent) and shall determine the appropriate level of medical response to each.

### **Current Status:**

Dispatch and EMD programs (ProQA) have been installed in both County dispatch centers. ProQA software allows for automated assistance to the dispatcher in determining the urgency of, and response level required for, all medical requests. Additionally, tiered response has been implemented in the CSA #7 for all 9-1-1 requests. Oversight of dispatch medical functions is a responsibility and function of the EMS Agency. QA of system status management plans and dispatch is closely monitored through the QA function of the EMS Agency.

### **Coordination with other EMS Agencies:**

Not applicable for this Standard.

### **Need(s):**

Meets Standard.

### **Objective 4.03:**

Maintain highest level of appropriate dispatch and emergency response services.

### **Time Frame for Objective:**

☐ Short Range Plan (one year or less)

☐ Long Range Plan (more than one year)

## **Response and Transportation**

### **Standard:**

4.04 Service by emergency medical transport vehicles which can be pre-scheduled without negative medical impact shall be provided only at levels which permit compliance with EMS agency policy.

### **Current Status:**

Emergency medical transport vehicles are required, by policy and service contracts, to pre-schedule transfers in such a way as to cause no negative impact to emergency medical transport service.

### **Coordination with other EMS Agencies:**

Not applicable for this Standard.

### **Need(s):**

Meets Standard.

### **Objective 4.04:**

The EMS Agency will continue to monitor provision of non-emergency transport for negative impact on the emergency system.

### **Time Frame for Objective:**

☐ Short Range Plan (one year or less)

☐ Long Range Plan (more than one year)

## Response and Transportation

### **Standard:**

4.05 Each local EMS agency shall develop response time standards for medical responses. These standards shall take into account the total time from receipt of the call at the primary public safety answering point (PSAP) to arrival of the responding unit at the scene, including all dispatch intervals and driving time.

### **Recommended Guideline:**

Emergency medical service areas (response zones) shall be designated so that, for ninety percent of emergent responses:

- a) the response time for a basic life support and CPR capable first responder does not exceed:  
Metro/Urban–5 minutes  
Suburban/Rural–15 minutes  
Wilderness–as quickly as possible
- b) the response time for an early defibrillation - capable responder does not exceed:  
Metro/Urban–5 minutes  
Suburban/Rural– as quickly as possible  
Wilderness–as quickly as possible
- c) the response time for an advanced life support capable responder (not functioning as the first responder) does not exceed:  
Metro/Urban–8 minutes  
Suburban/Rural–20 minutes  
Wilderness–as quickly as possible
- d) the response time for an EMS transportation unit (not functioning as the first responder) does not exceed:  
Metro/Urban–8 minutes  
Suburban/Rural–20 minutes  
Wilderness–as quickly as possible.

### **Current Status:**

The EMS Agency has developed response time standards for medical responses and requires the County's transport contractors to adhere to the response time standards.

The EMS Agency tracks response times from time-of-call to patient contact, and provides reports to ground and air transport contractors. All response times are evaluated to determine appropriateness. Response time standards have been established for all area responses. CAD systems currently utilized by dispatchers (in and out of county) provide response instruction to ground and air transport contractors.

The response area definitions currently used in El Dorado County are as follows:

<b>Response Area</b>	<b>U.S. Census Population Per Square Mile</b>
Urban	1,000 or more

Semi-Rural/Rural      10 to 999  
Wilderness              Less than 10

**Coordination with other EMS Agencies:**

Not applicable for this Standard.

**Need(s):**

Meets Standard and Recommended Guideline

**Objective 4.05:**

Continue to analyze response times and monitor response time compliance.

**Time Frame for Objective:**

☐ Short Range Plan (one year or less)

☐ Long Range Plan (more than one year)



## Response and Transportation

### **Standard:**

4.06 All emergency medical transport vehicles shall be staffed and equipped according to current state and local EMS agency regulations and appropriately equipped for the level of service provided.

### **Current Status:**

The County Emergency Medical Services and Medical Transportation Ordinance, state and local regulations, policies and procedures are in place to ensure that ambulances are staffed and equipped for the level of service provided. Periodic announced and unannounced site inspections are conducted by EMS Agency staff to ensure compliance.

### **Coordination with other EMS Agencies:**

Not applicable for this Standard.

### **Need(s):**

Meets Standard.

### **Objective 4.06:**

Maintain contracts, policies and onsite quality assurance reviews to ensure that standards are met and maintained.

### **Time Frame for Objective:**

☐ Short Range Plan (one year or less)

☐ Long Range Plan (more than one year)

## **Response and Transportation**

### **Standard:**

4.07 The local EMS agency shall integrate qualified EMS first responder agencies (including public safety agencies and industrial first aid teams) into the system.

### **Current Status:**

The EMS agency has integrated qualified EMS first responder agencies into the system.

### **Coordination with other EMS Agencies:**

Not applicable for this Standard.

### **Need(s):**

Meets Standard.

### **Objective 4.07:**

Continue to monitor integration levels of first responder agencies within the system; continue to implement system improvements based upon data derived from the First Responder.

### **Time Frame for Objective:**

☐ Short Range Plan (one year or less)

☐ Long Range Plan (more than one year)

## **Response and Transportation**

### **Standard:**

- 4.08 The local EMS agency shall have a process for categorizing medical and rescue aircraft and shall develop policies and procedures regarding:
- a) authorization of aircraft to be utilized in prehospital patient care,
  - b) requesting of EMS aircraft,
  - c) dispatching of EMS aircraft,
  - d) determination of EMS aircraft patient destination,
  - e) orientation of pilots and medical flight crews to the local EMS system, and
  - f) addressing and resolving formal complaints regarding EMS aircraft.

### **Current Status:**

The EMS Agency has established policies and procedures for designating and authorizing air ambulance and air rescue contractors to respond within El Dorado County. There are four helicopter contractors serving the County (three private air ambulance services and two CHP Rescue helicopters). These contractors are requested through the three dispatch centers, two in county and one out-of-county. In-county dispatch is coordinated by use of a Helicopter Dispatch Priority Schedule based upon closest response capabilities.

### **Coordination with other EMS Agencies:**

Not applicable for this Standard.

### **Need(s):**

Meets Standard.

### **Objective 4.08:**

Maintain coordinated air medical response to specific emergency events.

### **Time Frame for Objective:**

☐ Short Range Plan (one year or less)

☐ Long Range Plan (more than one year)

## Response and Transportation

### **Standard:**

4.09 The local EMS agency shall designate a dispatch center to coordinate the use of air ambulances or rescue aircraft.

### **Current Status:**

Air ambulance and air rescue requests are facilitated by the appropriate dispatch center(s).

### **Coordination with other EMS Agencies:**

Not applicable for this Standard.

### **Need(s):**

Meets Standard.

### **Objective 4.09:**

Continue to evaluate dispatch requirements and enhance as necessary.

### **Time Frame for Objective:**

☐

Short Range Plan (one year or less)

☐

Long Range Plan (more than one year)

## **Response and Transportation**

### **Standard:**

4.10 The local EMS agency shall identify the availability and staffing of medical and rescue aircraft for emergency patient transportation and shall maintain written agreements with aeromedical services operating within the EMS area.

### **Current Status:**

The EMS Agency monitors the availability and staffing of medical and rescue aircraft through the Medical Advisory Committee and dispatch centers. The County has a contract agreement with one air ambulance contractor physically located within the County.

### **Coordination with other EMS Agencies:**

Not applicable for this Standard.

### **Need(s):**

Meets Standard.

### **Objective 4.10:**

Assure ongoing adequate resources for air ambulance and air rescue responses and transportation.

### **Time Frame for Objective:**

☐ Short Range Plan (one year or less)

☐ Long Range Plan (more than one year)

## Response and Transportation

### **Standard:**

4.11 Where applicable, the local EMS agency shall identify the availability and staffing of all-terrain vehicles, snowmobiles, and water rescue and other transportation vehicles.

### **Recommended Guideline:**

The local EMS agency should plan for response by and use of all-terrain vehicles, snowmobiles, and water rescue vehicles in areas where applicable. This plan should consider existing EMS resources, population density, environmental factors, dispatch procedures and catchment area.

### **Current Status:**

In El Dorado County, the Search and Rescue operation of the Sheriff's Department is fully responsible and equipped for, snow, water and high angle rescue. The Agency is satisfied with the oversight of this program by the Sheriff's Department.

### **Coordination with other EMS Agencies:**

Search and rescue operations are coordinated by the Sheriff's Department with other counties as needed.

### **Need(s):**

Meets Standard and Recommended Guideline.

### **Objective 4.11:**

Continue to ensure that the level of rescue services meets the needs of the community.

### **Time Frame for Objective:**

☐ Short Range Plan (one year or less)

☐ Long Range Plan (more than one year)

## Response and Transportation

### **Standard:**

4.12 The local EMS agency, in cooperation with the local office of emergency services (OES), shall plan for mobilizing response and transport vehicles for disaster

### **Current Status:**

The El Dorado County Office of Emergency Services has a countywide disaster preparedness plan, which includes requirements for requesting and mobilizing response and transport vehicles.

### **Coordination with other EMS Agencies:**

Not applicable for this Standard.

### **Need(s):**

Meets Standard.

### **Objective 4.12:**

Assure that the disaster preparedness plan is continually updated to address changing demographics.

### **Time Frame for Objective:**

☐ Short Range Plan (one year or less)

☐ Long Range Plan (more than one year)

## Response and Transportation

### **Standard:**

4.13 The local EMS agency shall develop agreements permitting intercounty response of emergency medical transport vehicles and EMS personnel.

### **Recommended Guideline:**

The local EMS agency should encourage and coordinate development of mutual aid agreements which identify financial responsibility for mutual aid responses.

### **Current Status:**

The EMS Agency does not currently have intercounty mutual aid agreements, but is a part of the Region IV Mutual Aid System with Alpine, Nevada, Placer, San Joaquin, Calaveras, Amador, Sacramento, Yolo, Tuolumne and Stanislaus Counties.

### **Coordination with other EMS Agencies:**

Coordination with Alpine, Nevada, Placer, San Joaquin, Calaveras, Amador, Sacramento, Yolo, Tuolumne and Stanislaus Counties is accomplished through the Region IV Mutual Aid System.

### **Need(s):**

Meets Standard and Recommended Guideline. The Agency should determine if the need to develop mutual aid agreements with contiguous counties is necessary.

### **Objective 4.13:**

Continue to utilize the Region IV Mutual Aid System for mutual aid coverage.

### **Time Frame for Objective:**

☐ Short Range Plan (one year or less)

☐ Long Range Plan (more than one year)



## Response and Transportation

### **Standard:**

4.14 The local EMS agency shall Command System.  
develop multi-casualty response  
plans and procedures which include  
provisions for on-scene medical  
management, using the Incident

### **Current Status:**

El Dorado County utilizes the OES Region IV Multi-Casualty Incident Response Plan to manage multi-casualty incidents. The EMS Agency has developed an MCI Plan that is utilized by all El Dorado County transport contractors. The components of the Plan are posted to the EMS Agency website at: [www.edcgov.us/ems/](http://www.edcgov.us/ems/)

### **Coordination with other EMS Agencies:**

Not applicable for this Standard.

### **Need(s):**

Meets Standard.

### **Objective 4.14:**

Update the MCI Response Plan as needed in accordance with Region IV Plan.

### **Time Frame for Objective:**

☐ Short Range Plan (one year or less)

☐ Long Range Plan (more than one year)

## Response and Transportation

### **Standard:**

4.15 Multi-casualty response plans and procedures shall utilize state standards and guidelines.

### **Current Status:**

Existing state guidelines are utilized as the basis for the El Dorado County multi-casualty response plan.

### **Coordination with other EMS Agencies:**

Not applicable for this Standard.

### **Need(s):**

Meets Standard.

### **Objective 4.15:**

Ongoing review and enhancement of the El Dorado County multi-casualty response plan as conditions change and/or State standards are revised.

### **Time Frame for Objective:**

☐

Short Range Plan (one year or less)

☐

Long Range Plan (more than one year)

## Response and Transportation

### **Advanced Life Support**

#### **Standard:**

4.16 All ALS ambulances shall be staffed with at least one person certified at the advanced life support level and one person staffed at the EMT level.

#### **Recommended Guideline:**

The local EMS agency should determine whether advanced life support units should be staffed with two ALS crewmembers or with one ALS and one BLS crewmembers.

On any emergency ALS unit which is not staffed with two ALS crew members, the second crew member should be trained to provide defibrillation, using available defibrillators.

#### **Current Status:**

All ALS ambulances are staffed with a minimum of one paramedic and one EMT

#### **Coordination with other EMS Agencies:**

Not applicable for this Standard.

#### **Need(s):**

Meets Standard and Recommended Guideline.

#### **Objective 4.16:**

Assure that all EMT personnel who work on ALS ambulances are trained to provide defibrillation using available defibrillators.

#### **Time Frame for Objective:**

☐ Short Range Plan (one year or less)

☐ Long Range Plan (more than one year)

## **Response and Transportation**

### **Advanced Life Support Standard:**

4.17 All emergency ALS ambulances shall be appropriately equipped for the scope of practice of its level of staffing.

### **Current Status:**

Adequate regulations, policies and procedures exist to assure that ALS ambulances are appropriately equipped to the minimum ALS standard, and compliance is assured by onsite quality assurance reviews.

### **Coordination with other EMS Agencies:**

Not applicable for this Standard.

### **Need(s):**

Meets Standard.

### **Objective 4.17:**

Ongoing review and monitoring.

### **Time Frame for Objective:**

☐ Short Range Plan (one year or less)

☐ Long Range Plan (more than one year)

## **Response and Transportation**

### **Ambulance Regulation**

#### **Standard:**

- 4.18 The local EMS agency shall have a mechanism (e.g., an ordinance and/or written provider agreements) to ensure that EMS transportation agencies comply with applicable policies and procedures regarding system operations and clinical care.

#### **Current Status:**

El Dorado County, as the provider under a Public Utility Model, has performance-based contracts with ground ambulance transport contractors and a contract with one air ambulance contractor that assure compliance to applicable policies, procedures and the County Emergency Medical Services and Medical Transportation Ordinance. The County Emergency Medical Services and Medical Transportation Ordinance can be found on the County of El Dorado EMS Agency website at: [www.edcgov.us/ems/](http://www.edcgov.us/ems/).

#### **Coordination with other EMS Agencies:**

Not applicable for this Standard.

#### **Need(s):**

Meets Standard.

#### **Objective 4.18:**

Ensure that EMS transport contractor comply with applicable policies and procedures regarding system operations and clinical care.

#### **Time Frame for Objective:**

☐ Short Range Plan (one year or less)

☐ Long Range Plan (more than one year)

## **Response and Transportation**

### **Exclusive Operating Permits**

#### **Standard:**

- 4.19 Any local EMS agency which desires to implement exclusive operating areas, pursuant to Section 1797.224, H&SC, shall develop an EMS transportation plan which addresses:
- a) minimum standards for transportation services,
  - b) optimal transportation system efficiency and effectiveness, and
  - c) use of a competitive process to ensure system optimization.

#### **Current Status:**

The County directly provides ambulance service under a Public Utility Model (PUM) EMS system consisting of two Exclusive Operating Areas established pursuant to Health and Safety Code 1797.224. The County's transport contract for CSA #3 was awarded as the result of an RFP process conducted in 2011. The County Emergency Medical Services and Medical Transportation Ordinance defines all emergency and non-emergency transportation services for the County. The County has established performance-based contracts with transport contractors in both Exclusive Operating Areas which include a system status management component to ensure system efficiency and effectiveness and that requires contractors to meet minimum standards for transportation services.

#### **Coordination with other EMS Agencies:**

Not applicable for this Standard.

#### **Need(s):**

Meets Standard.

#### **Objective 4.19:**

Ensure that EMS transportation agencies comply with applicable policies and procedures regarding System Status Management plans and the County Emergency Medical Services and Medical Transportation Ordinance.

#### **Time Frame for Objective:**

☐ Short Range Plan (one year or less)

☐ Long Range Plan (more than one year)

## Response and Transportation

### **Exclusive Operating Permits**

#### **Standard:**

4.20 Any local EMS agency which desires to grant an exclusive operating permit without use of a competitive process shall document in its EMS transportation plan that its existing provider meets all of the requirements for non-competitive selection ("grand fathering") under Section 1797.224, H&SC.

#### **Current Status:**

The County has determined that, since prior to January 1, 1981, and continuing without interruption through the present, the County has operated emergency ambulance transport services and certain non-emergency interfacility transport services continuously under a Public Utility Model in County Services Area #7. CSA #7 has been appropriately established by the Board of Supervisors as an Exclusive Operating Area pursuant to California Health and Safety Code section 1797.224

#### **Coordination with other EMS Agencies:**

Not applicable for this Standard.

#### **Need(s):**

Meets Standard.

#### **Objective 4.20:**

To be determined according to the above directives.

#### **Time Frame for Objective:**

☐ Short Range Plan (one year or less)

☐ Long Range Plan (more than one year)

## Response and Transportation

### **Exclusive Operating Permits**

#### **Standard:**

4.21 The local EMS agency shall have a mechanism to ensure that EMS transportation and/or advanced life support agencies to whom exclusive operating permits have been granted, pursuant to Section 1797.224, H&SC, comply with applicable policies and procedures regarding system operations and patient care.

#### **Current Status:**

El Dorado County, as the exclusive provider for CSA #7 requires its transport contractor to comply with the County of El Dorado EMS Agency Policy and Procedure Manual regarding patient care and system operations. In 2011, the County selected its transport contractor after a competitive bid and entered into a performance-based contract with Cal Tahoe Emergency Services Operations Authority for CSA #3. Cal Tahoe is contractually required to comply with the County of El Dorado EMS Agency Policy and Procedure Manual regarding patient care and system operations.

#### **Coordination with other EMS Agencies:**

Not applicable for this Standard.

#### **Need(s):**

Meets Standard.

#### **Objective 4.21:**

Ensure that EMS transport contractors comply with applicable policies and procedures regarding system operations and patient care.

#### **Time Frame for Objective:**

☐ Short Range Plan (one year or less)

☐ Long Range Plan (more than one year)



## Response and Transportation

### Exclusive Operating Permits

#### Standard:

4.22 The local EMS agency shall periodically evaluate the design of exclusive operating areas.

#### Current Status:

Exclusive Operating Areas have been established in El Dorado County in CSA # 3 and CSA #7. CSA # 3 was evaluated as part of the 2011 Request for Proposal process. CSA #7 was evaluated in 2011 leading to the 2012 designation of an Exclusive Operating Area in CSA #7.

#### Coordination with other EMS Agencies:

Not applicable for this Standard.

#### Need(s):

Meets Standard.

#### Objective 4.22:

To continue to evaluate the design of Exclusive Operating Areas periodically, but at minimum every ten years.

#### Time Frame for Objective:

☐ Short Range Plan (one year or less)

☐ Long Range Plan (more than one year)

## Facilities and Critical Care

### **Standard:**

5.01 The local EMS agency shall assess and periodically reassess the EMS-related capabilities of acute care facilities in its service area.

### **Recommended Guideline:**

The local EMS agency should have written agreements with acute care facilities in its service area.

### **Current Status:**

Pursuant to State trauma regulations, criteria have been included in our approved Trauma Plan that will lead to designation of a second Level III Trauma Center in the near future. Base hospital contracts are in place with Barton Memorial Hospital and Marshall Hospital.

### **Coordination with other EMS Agencies:**

Not applicable for this Standard.

### **Need(s):**

Meets Standard and Recommended Guideline.

### **Objective 5.01:**

Continue to assess and monitor EMS-related capabilities of acute care facilities. When acute care facilities apply for trauma center level designation, inspect and designate as appropriate.

### **Time Frame for Objective:**

☐

Short Range Plan (one year or less)

☐

Long Range Plan (more than one year)

## **Facilities and Critical Care**

### **Standard:**

5.02 The local EMS agency shall establish prehospital triage protocols and shall assist hospitals with the establishment of transfer protocols and agreements.

### **Current Status:**

The local EMS Agency has developed comprehensive transfer of care policies, utilizing the prehospital triage protocols and procedures in the Region IV MCI Disaster Plan and the County of El Dorado Trauma Plan. It is the responsibility of the base hospitals to establish formal arrangements with higher level of care specialty hospitals to accept base hospital patients that require a specialized higher level of care.

### **Coordination with other EMS Agencies:**

Prehospital triage and transfer protocols as established in the Trauma Plan were developed in collaboration with both base hospitals and trauma hospitals located outside of the County

### **Need(s):**

Meets Standard.

### **Objective 5.02:**

Continue to monitor and assure compliance.

### **Time frame for Objective:**

☐ Short Range Plan (one year or less)

☐ Long Range Plan (more than one year)

## Facilities and Critical Care

### **Standard:**

5.03 The local EMS agency, with the participation of acute care hospital administrators, physicians and nurses, shall establish guidelines to identify patients who should be considered for transfer to facilities of higher capability and shall work with acute care hospitals to establish transfer agreements with such facilities.

### **Current Status:**

Acute care facilities and their attending physicians identify patients who should be transferred. These institutions utilize their own adopted guidelines for patient transfers. County of El Dorado EMS Agency recognizes the right of the acute care hospitals physicians and nurses to make appropriate transfer decisions. Transfer agreements are in place between El Dorado County acute care hospitals and appropriate hospitals of higher-level care.

### **Coordination with other EMS Agencies:**

Not applicable for this standard.

### **Need(s):**

Meets Standard.

### **Objective 5.03:**

Ensure currency of interfacility transfer agreements.

### **Time Frame for Objective:**

☐ Short Range Plan (one year or less)

☐ Long Range Plan (more than one year)

## Facilities and Critical Care

### **Standard:**

5.04 The local EMS agency shall designate and monitor receiving hospitals and, when appropriate, specialty care facilities for specified groups of emergency patients.

### **Current Status:**

The EMS Agency has designated as Base Hospitals, the only two acute care hospital facilities located in El Dorado County. The approved County of El Dorado Trauma Plan contains the criteria for designation of receiving hospitals and triage criteria for specified groups of emergency patients.

### **Coordination with other EMS Agencies:**

Receiving hospital designation and specialty care facility destination policies were developed in collaboration with the Sierra-Sacramento Valley EMS Agency.

### **Need(s):**

Meets Standard.

### **Objective 5.04:**

Ongoing monitoring of the receiving hospitals.

### **Time Frame for Objective:**

☐

Short Range Plan (one year or less)

☐

Long Range Plan (more than one year)

## Facilities and Critical Care

### **Standard:**

5.05 The local EMS agency shall encourage hospitals to prepare for mass casualty management.

### **Recommended Guideline:**

The local EMS agency should assist hospitals with preparation for mass casualty management, including procedures for coordinating hospital communications and patient flow.

### **Current Status:**

Individual hospitals have their own disaster and mass-casualty incident plans, which are integrated with the OES Region IV MCI Plan and the County of El Dorado Public Health Preparedness Section.

### **Coordination with other EMS Agencies:**

Not applicable for this Standard.

### **Need(s):**

Meets Standard and Recommended Guideline.

### **Objective 5.05:**

Ensure that policies, procedures and guidelines are in place to assure that hospitals are prepared for mass-casualty management.

### **Time Frame for Objective:**

☐

Short Range Plan (one year or less)

☐

Long Range Plan (more than one year)

## **Facilities and Critical Care**

### **Standard:**

5.06 The local EMS agency shall have a plan for hospital evacuation, including its impact on other EMS system providers.

### **Current Status:**

Comprehensive plans for hospital evacuation have been developed by individual hospitals.

### **Coordination with other EMS Agencies:**

Coordination with other agencies is conducted through Region IV OES.

### **Need(s):**

Meets Standard.

### **Objective 5.06:**

Maintain current hospital evacuation plans for each hospital.

### **Time Frame for Objective:**

☐ Short Range Plan (one year or less)

☐ Long Range Plan (more than one year)

## Facilities and Critical Care

### **Advanced Life Support**

#### **Standard:**

5.07 The local EMS agency shall, using a process which allows all eligible facilities to apply, designate base hospitals or alternative base stations as it determines necessary to provide medical direction of prehospital personnel.

#### **Current Status:**

Barton Memorial Hospital and Marshall Medical Center have been designated as base hospitals in El Dorado County. These are the only two acute care hospitals in El Dorado County. Both hospitals have signed contracts with the County to provide base hospital services. No alternative base stations have been designated.

#### **Coordination with other EMS Agencies:**

Alpine County, California, and Douglas County, Nevada, also utilize Barton Memorial Hospital as their base station.

#### **Need(s):**

Meets Standard.

#### **Objective 5.07:**

Maintain current base hospital configuration and expand if required.

#### **Time Frames for Objective:**

☐

Short Range Plan (one year or less)

☐

Long Range Plan (more than one year)



## **Facilities and Critical Care**

### **Trauma Care System**

#### **Standard:**

- 5.08 Local EMS agencies that develop trauma care systems shall determine the optimal system (based on community need and available resources) including, but not limited to:
- a) the number and level of trauma centers (including the use of trauma centers in other counties),
  - b) the design of catchment areas (including areas in other counties, as appropriate), with consideration of workload and patient mix,
  - c) identification of patients who should be triaged or transferred to a designated center, including consideration of patients who should be triaged to other specialty care centers.
  - d) the role of non-trauma center hospitals, including those that are outside of the primary triage area of the trauma center, and
  - e) a plan for monitoring and evaluation of the system.

#### **Current Status:**

The approved County of El Dorado Trauma Plan includes all the above requirements and designations.

#### **Coordination with other EMS Agencies:**

Level III Trauma services are provided by Marshall Medical Center. Barton Memorial Hospital and Marshall Medical Center have agreements in place with Level I and II Trauma Centers located outside the County.

#### **Need(s):**

Meets Standard.

#### **Objective 5.08:**

Continue to monitor trauma care needs and assure highest level of patient care.

#### **Time Frame for Objective:**

☐ Short Range Plan (one year or less)

☐ Long Range Plan (more than one year)

## Facilities and Critical Care

### Trauma Care System

#### Standard:

5.09 In planning its trauma care system, the local EMS agency shall ensure input from both providers and consumers.

#### Current Status:

The approved County of El Dorado Trauma Plan was developed in collaboration with and input from providers, contractors and consumers.

The EMS Agency will continue to develop the trauma system based upon data accumulated through the QA process, the trauma registry system, and input from providers, contractors and consumers, in order to assure that development is responsive to identified.

#### Coordination with other EMS Agencies:

Not applicable for this Standard.

#### Need(s):

Meets Standard.

#### Objective 5.09:

Continue to solicit input from providers, contractors and consumers.

#### Time Frame for Objective:

☐ Short Range Plan (one year or less)

☐ Long Range Plan (more than one year)

## Facilities and Critical Care

### **Pediatric Emergency Medical and Critical Care Systems**

#### **Standard:**

- 5.10 Local EMS agencies that develop pediatric emergency medical and critical care systems shall determine the optimal system, including:
- a) the number and role of system participants, particularly of emergency departments,
  - b) the design of catchment areas (including areas in other counties, as appropriate), with consideration of workload and patient mix,
  - c) identification of patients who should be primarily triaged or secondarily transferred to a designated center, including consideration of patients who should be triaged to other critical care centers,
  - d) identification of providers who are qualified to transport such patients to a designated facility,
  - e) identification of tertiary care centers for pediatric critical care and pediatric trauma,
  - f) the role of non-pediatric critical care hospitals including those which are outside of the primary triage area, and
  - g) a plan for monitoring and evaluation of the system.

#### **Current Status:**

No designated pediatric centers for emergency medical and critical care are established in El Dorado County.

#### **Coordination with other EMS Agencies:**

Not applicable for this Standard.

#### **Need(s):**

Not applicable for this County.

#### **Objective 5.10:**

None.

#### **Time Frame for Objective:**

☐ Short Range Plan (one year or less)

☐ Long Range Plan (more than one year)

## Facilities and Critical Care

### **Pediatric Emergency Medical and Critical Care Systems**

#### **Standard:**

- 5.11 Local EMS agencies shall identify minimum standards for pediatric capability of emergency departments including:
- a) staffing,
  - b) training,
  - c) equipment,
  - d) identification of patients for whom consultation with a pediatric critical care center is appropriate,
  - e) quality assurance/quality improvement, and
  - f) data reporting to the local EMS agency.

#### **Recommended Guideline:**

Local EMS agencies should develop methods of identifying emergency departments which meet standards for pediatric care and for pediatric critical care centers and pediatric trauma centers.

#### **Current Status:**

There are two acute care hospital emergency rooms in El Dorado County – one in each geographic area. These hospitals have established adequate minimum standards for pediatric capabilities.

#### **Coordination with other EMS Agencies:**

Not applicable for this Standard.

#### **Need(s):**

Meets Standard. Recommended Guideline is not applicable to El Dorado County.

#### **Objective 5.11:**

Monitor minimum standards for pediatric capability in emergency departments in El Dorado County.

#### **Time Frame for Objective:**

☐ Short Range Plan (one year or less)

☐ Long Range Plan (more than one year)

## **Facilities and Critical Care**

### **Pediatric Emergency Medical and Critical Care Systems Standard:**

5.12 In planning its pediatric emergency medical and critical care system, the local EMS agencies shall ensure input from the prehospital and hospital providers and consumers.

#### **Current Status:**

El Dorado County does not have a pediatric emergency medical and critical care system.

#### **Coordination with other EMS Agencies:**

Not applicable for this Standard.

#### **Need(s):**

Not applicable for this County.

#### **Objective 5.12:**

NONE.

#### **Time Frame for Objective:**

☐ Short Range Plan (one year or less)

☐ Long Range Plan (more than one year)

## Facilities and Critical Care

### Other Specialty Care Systems

#### Standard:

5.13 Local EMS agencies developing specialty care plans for EMS-targeted clinical conditions shall determine the optimal system, for the specific condition involved including:

- a) the number and role of system participants,
- b) the design of catchment areas (including inter-county transport, as appropriate), with

- consideration of workload and patient mix,
- c) identification of patients who should be triaged or transferred to a designated center,
- d) the role of non-designated hospitals, including those which are outside of the primary triage area,
- e) A plan for monitoring and evaluation of the system.

#### Current Status:

No specialty care plans are being developed.

#### Coordination with other EMS Agencies:

Not applicable for this Standard.

#### Need(s):

Not applicable for this County.

#### Objective 5.13:

None.

#### Time Frame for Objective:

☐

Short Range Plan (one year or less)

☐

Long Range Plan (more than one year)

## **Facilities and Critical Care**

### **Other Specialty Care Systems**

#### **Standard:**

5.14 In planning other specialty care systems, the local EMS agency shall ensure input from both prehospital and hospital providers and consumers.

#### **Current Status:**

Other special care is rendered by out-of-county specialty hospitals with which local acute care hospitals have transfer agreements.

#### **Coordination with other EMS Agencies:**

Not applicable for this Standard.

#### **Need(s):**

Meets Standard.

#### **Objective 5.14:**

None.

#### **Time Frame for Objective:**

☐ Short Range Plan (one year or less)

☐ Long Range Plan (more than one year)

## **Data Collection and System Evaluation**

### **Standard:**

6.01 The local EMS agency shall establish an EMS quality assurance/quality improvement (QA/QI) program to evaluate the response to emergency medical incidents and the care provided to specific patients. The programs shall address the total EMS system, including all prehospital provider agencies, base hospitals, and receiving hospitals. It shall address compliance with policies, procedures, and protocols and

identification of preventable morbidity and mortality and shall utilize state standards and guidelines. The program shall use provider-based QI/QA programs and shall coordinate them with other providers.

### **Recommended Guideline:**

The local EMS agency should have the resources to evaluate the response to, and the care provided to, specific patients.

### **Current Status:**

The EMS Agency, through its .5 PT QA positions, provides ongoing system wide quality assurance. The Agency will be transitioning to a new Trauma Registry System, Trauma One, to capture state-required data elements, and to produce reports for the purpose of QA/QI. The QA/QI program is designed to address compliance with policies, procedures and protocols, identification of preventable morbidity and mortality, and assures conformance to state standards and guidelines. Peer review QA is conducted for all patient contacts.

### **Coordination with other EMS Agencies:**

Not applicable for this Standard.

### **Need(s):**

Meets Standard and Recommended Guideline.

### **Objective 6.01:**

Continue the comprehensive continuous quality improvement plan for County of El Dorado EMS system evaluation and enhancement. Compile EMS data from all system participants, analyze data and identify trends, and implement action plans as required for future system wide quality improvement initiatives.

### **Time frame for Objective:**

☐ Short Range Plan (one year or less)

☐ Long Range Plan (more than one year)



## **Data Collection and System Evaluation**

### **Standard:**

6.02 Prehospital records for all patient responses shall be completed and forwarded to appropriate agencies as defined by the local EMS agency.

### **Current Status:**

The EMS Agency has established a prehospital care report (PCR) to be completed by all ambulance transport contractors and non-transporting first responders. Copies of completed PCR reports are distributed to base hospitals and to the EMS Agency for ambulance billing. A copy is retained by submitting agencies for QA purposes.

### **Coordination with other EMS Agencies:**

Not applicable for this Standard.

### **Need(s):**

Meets or exceeds standard.

### **Objective 6.02:**

Continue to monitor prehospital care reporting.

### **Time Frame for Objective:**

☐ Short Range Plan (one year or less)

☐ Long Range Plan (more than one year)

## Data Collection and System Evaluation

### **Standard:**

6.03 Audits of prehospital care, including both system response and clinical aspects, shall be conducted.

### **Recommended Guideline:**

The local EMS agency should have a mechanism to link prehospital records with dispatch, emergency department, inpatient and discharge records.

### **Current Status:**

Audits of prehospital care are done by the EMS Agency, the base hospital(s), and the prehospital transport contractors. The Agency has prehospital records and requests dispatch, emergency department, inpatient and discharge records on a case-by-case basis for audit purposes.

In the case of trauma patients who are entered into the trauma registry (Trauma One) system, hospital discharge data is reported to the base hospitals and the EMS Agency for appropriate distribution and analysis.

### **Coordination with other EMS Agencies:**

Not applicable for this Standard.

### **Need(s):**

Meets Standard and Recommended Guideline.

### **Objective 6.03:**

Develop direct linkage of patient care records between the EMS Agency, dispatch and the emergency departments for audit purposes.

### **Time frame for Objective:**

☐ Short Range Plan (one year or less)

☐ Long Range Plan (more than one year)

## **Data Collection and System Evaluation**

### **Standard:**

6.04 The local EMS agency shall have a mechanism to review medical dispatching to ensure that the appropriate level of medical response is sent to each emergency and to monitor the appropriateness of pre-arrival/post dispatch directions.

### **Current Status:**

Emergency Medical Dispatching is reviewed by QA staff countywide using AQUA software. Pre-arrival instructions are monitored via the ProQA system.

### **Coordination with other EMS Agencies:**

Not applicable for this Standard.

### **Need(s):**

Meets Standard.

### **Objective 6.04:**

Continue present QA structure for Emergency Medical Dispatching. Utilizing the data gleaned from the ProQA/AQUA systems, produce EMS system protocols leading to definitive, economical tiered response.

### **Time Frame for Objective:**

☐ Short Range Plan (one year or less)

☐ Long Range Plan (more than one year)

## **Data Collection and System Evaluation**

### **Standard:**

6.05 The local EMS agency shall establish a data management system which supports its systemwide planning and evaluation (including identification of high risk patient groups) and the QA/QI audit of the care provided to specific patients. It shall be based on state standards (when they are available).

### **Recommended Guideline:**

The local EMS agency should establish an integrated data management system which includes system response and clinical (both prehospital and hospital) data.

The local EMS agency should use patient registries, tracer studies, and other monitoring systems to evaluate patient care at all stages of the system.

### **Current Status:**

County of El Dorado EMS Agency has established computer programs for comprehensive data entry of prehospital and trauma registry report information through the use of Collector (to be replaced by Trauma One in 2012). These reports are used for system wide planning, including patient care protocol development, system status management, fiscal analysis, first responder integration and peer review.

### **Coordination with other EMS Agencies:**

In cooperation with Sierra-Sacramento Valley EMS Agency, trauma registry data is collected on a local and regional basis so that significant comparisons may be made.

### **Need(s):**

Meets Standard.

### **Objective 6.05:**

Continue to expand system wide reporting capabilities.

### **Time Frame for Objective:**

☐ Short Range Plan (one year or less)

☐ Long Range Plan (more than one year)

## **Data Collection and System Evaluation**

### **Standard:**

6.06 The local EMS agency shall establish an evaluation program to evaluate EMS system design and operations, including system effectiveness at meeting community needs, appropriateness of guidelines and standards, prevention strategies that are tailored to community needs, and assessment of resources needed to adequately support the system. This shall include structure, process, and outcome evaluations, utilizing state standards and guidelines.

### **Current Status:**

EMS system evaluations are performed by EMS Agency personnel through continuous interactions with the base hospitals, prehospital transport contractors, first responder agencies, and other emergency service contractors. The EMS system resources in El Dorado County are adequate to meet system requirements, standards, and guidelines.

### **Coordination with other EMS Agencies:**

Not applicable for this Standard.

### **Need(s):**

Meets Standard.

### **Objective 6.06:**

Evaluate and report on the status of EMS system resources and operations through the annual update of the EMS Plan and Trauma Plan.

### **Time frame for Objective:**

☐ Short Range Plan (one year or less)

☐ Long Range Plan (more than one year)

## **Data Collection and System Evaluation**

### **Standard:**

6.07 The local EMS agency shall have the resources and authority to require provider participation in the system wide evaluation program.

### **Current Status:**

Through contracts, the County Emergency Medical Services and Medical Transportation Ordinance, policies and procedures, the EMS Agency is empowered to require transport contractors and first responders to participation in system evaluation programs.

### **Coordination with other EMS Agencies:**

Not applicable for this Standard.

### **Need(s):**

Meets Standard.

### **Objective 6.07:**

Update the County Emergency Medical Services and Medical Transportation Ordinance, transport contractors, and first responder contracts to require increased participation in system wide EMS program evaluations.

### **Time Frame for Objective:**

☐

Short Range Plan (one year or less)

☐

Long Range Plan (more than one year)

## **Data Collection and System Evaluation**

### **Standard:**

6.08 The local EMS agency shall, at least annually, report on the results of its evaluation of EMS system design and operations to the Board(s) of Supervisors, provider agencies, and Emergency Medical Care Committee(s).

### **Current Status:**

The EMS Agency provides access to our annual EMS Plan update via our website ([http://www.edcgov.us/ems/EMS\\_Plan.htm](http://www.edcgov.us/ems/EMS_Plan.htm)). All EMS contractors and providers and any other interested parties are notified when updates are posted. The Agency will provide this update and future updates to the Board of Supervisors.

### **Coordination with other EMS Agencies:**

Not applicable for this Standard.

### **Need(s):**

Meets Standard.

### **Objective 6.08:**

Utilize the annual update of the EMS Plan as the annual report to the Board of Supervisors and other interested parties.

### **Time Frame for Objective:**

☐ Short Range Plan (one year or less)

☐ Long Range Plan (more than one year)

## **Data Collection and System Evaluation**

### **Advanced Life Support**

#### **Standard:**

6.09 The process used to audit treatment provided by advanced life support providers shall evaluate both base hospital (or alternative base station) and prehospital activities.

#### **Recommended Guideline:**

The local EMS agency's integrated data management system should include prehospital, base hospital, and receiving hospital data.

#### **Current Status:**

The EMS Agency presently captures and audits activities of prehospital advanced life support contractors as well as base and receiving hospital activities. The migration from Collector to Trauma One will provide a robust reporting tool for the evaluation of prehospital advanced life support treatment. The evaluation process will be reviewed in 2012 as described in Section III of the County of El Dorado Emergency Medical Services 2012 Trauma Plan Update.

#### **Coordination with other EMS Agencies:**

Not applicable for this Standard.

#### **Need(s):**

Meets Standard and Recommended Guideline.

#### **Objective 6.09:**

Continue to audit ALS treatment and evaluate prehospital activities.

#### **Time Frame for Objective:**

☐ Short Range Plan (one year or less)

☐ Long Range Plan (more than one year)



## **Data Collection and System Evaluation**

### **Trauma Care System**

#### **Standard:**

- 6.10 The local EMS agency, with participation of acute care providers, shall develop a trauma system evaluation and data collection program, including:
- a) a trauma registry,
  - b) a mechanism to identify patients whose care fell outside of established criteria, and
  - c) a process of identifying potential improvements to the system design and operation.

#### **Current Status:**

El Dorado County has an approved Trauma Plan that utilizes a trauma registry program (Collector) to meet the above requirements. In 2012, Both Base Hospitals and the EMS Agency will be implementing a new trauma data collection software program (Trauma One).

#### **Coordination with other EMS Agencies:**

Not required for this standard. ,

#### **Need(s):**

Meets Standard.

#### **Objective 6.10:**

Continue to update the Trauma Plan and assure that adequate data is being captured through the use of Trauma one for trauma system evaluation.

#### **Time frame for Objective:**

☒

Short Range Plan (one year or less)

☐

Long Range Plan (more than one year)

## **Data Collection and System Evaluation**

### **Trauma Care System**

#### **Standard:**

6.11 The local EMS agency shall ensure that designated trauma centers provide required data to the EMS agency, including patient-specific information, which is required for quality assurance/quality improvement and system evaluation.

#### **Recommended Guideline:**

The local EMS agency should seek data on trauma patients who are treated at non-trauma center hospitals and shall include this information in their quality assurance/quality improvement evaluation program.

#### **Current Status:**

The EMS Agency collects trauma data from Marshall Medical Center (Level III Trauma Center) and Barton Memorial Hospital (acute care hospital) through the trauma registry for quality assurance/quality improvement and system evaluation.

#### **Coordination with other EMS Agencies:**

Not applicable for this Standard.

#### **Need(s):**

Meets Standard and Recommended Guideline.

#### **Objective 6.11:**

Continue to monitor and evaluate trauma data to identify and implement EMS system improvement opportunities.

#### **Time Frame for Objective:**

☐ Short Range Plan (one year or less)

☐ Long Range Plan (more than one year)

## Public Information and Education

### **Standard:**

- 7.01 The local EMS agency shall promote the development and dissemination of informational materials for the public which addresses:
- a) understanding of EMS system design and operation,
  - b) proper access to the system,
  - c) self help (e.g., CPR, first aid, etc.)
  - d) patient and consumer rights as they relate to the EMS system,

- e) health and safety habits as they relate to the prevention and reduction of health risks in target areas, and
- f) appropriate utilization of emergency departments.

### **Recommended Guideline:**

The local EMS agency should promote targeted community education programs on the use of emergency medical services in its service area.

### **Current Status:**

Annually during EMS Week, the EMS Agency is involved with disseminating public informational materials regarding CPR, first aid and 9-1-1 access information to the community. The EMS Agency provides both hospitals with "Second Impact Syndrome" (SIS) brochures. The hospitals distribute these brochures to head injury patients to educate them on the seriousness of a second injury. The Agency also provides these brochures to the community and to any organization that requests them. Patient and consumer rights education is provided by paramedics and is available on the EMS web site. The transport contractors participate in numerous public information and education events, including local sponsored health fairs.

### **Coordination with other EMS Agencies:**

Not applicable for this Standard.

### **Need(s):**

Meets Standard and Recommended Guideline.

### **Objective 7.01:**

Continue to promote the development and dissemination of informational materials that address the EMS system, patient and consumer rights, CPR, first aid.

### **Time Frame for Objective:**

☐ Short Range Plan (one year or less)

☐ Long Range Plan (more than one year)

## Public Information and Education

### **Standard:**

7.02 The local EMS agency, in conjunction with other local health education programs, shall work to promote injury control and preventive medicine.

### **Recommended Guideline:**

The local EMS agency should promote the development of special EMS educational programs for targeted groups at high risk of injury or illness.

### **Current Status:**

In conjunction with the Public Health Department's Health Promotions Division, the EMS Agency supports and provides resources to the injury control and preventive medicine programs.

### **Coordination with other EMS Agencies:**

Not applicable for this Standard.

### **Need(s):**

Meets Standard and Recommended Guideline.

### **Objective 7.02:**

Continue to promote existing injury control programs.

### **Time frame for Objective:**

☐ Short Range Plan (one year or less)

☐ Long Range Plan (more than one year)

## Public Information and Education

### **Standard:**

7.03 The local EMS agency, in conjunction with the local office of emergency services, shall promote citizen disaster preparedness activities.

### **Recommended Guideline:**

The local EMS agency, in conjunction with the local office of emergency services (OES), should produce and disseminate information on disaster medical preparedness.

### **Current Status:**

The local EMS Agency in conjunction with the Public Health Emergency Preparedness Section and the Office of Emergency Services is involved in planning and promoting citizen disaster preparedness activities and awareness.

### **Coordination with other EMS Agencies:**

Not applicable for this Standard.

### **Need(s):**

Meets Standard and Recommended Guideline.

### **Objective 7.03:**

Continue to provide citizen awareness programs on emergency preparedness.

### **Time Frame for Objective:**

☐

Short Range Plan (one year or less)

☐

Long Range Plan (more than one year)

## Public Information and Education

### **Standard:**

7.04 The local EMS agency shall promote the availability of first aid and CPR training for the general public.

### **Recommended Guideline:**

The local EMS agency should adopt a goal for training of an appropriate percentage of the general public in first aid and CPR. A higher percentage should be achieved in high-risk groups.

### **Current Status:**

The EMS Agency supports and encourages CPR training for the public. Multiple training providers offer first aid and CPR training and actively promote such programs to the general public and high-risk groups. Several CPR and first aid training opportunities are available through the EMS Agency website.

### **Coordination with other EMS Agencies:**

Not applicable for this Standard.

### **Need(s):**

Meets Standard and Recommended Guideline.

### **Objective 7.04:**

Continue to advocate for and support first aid and CPR training programs.

### **Time Frame for Objective:**

☐ Short Range Plan (one year or less)

☐ Long Range Plan (more than one year)

## **Disaster Medical Response**

### **Standard:**

8.01 In coordination with the local office of emergency services (OES), the local EMS agency shall participate in the development of medical response plans for catastrophic disasters, including those involving toxic substances.

### **Current Status:**

Regular planning meetings are held with OES and the Public Health Emergency Preparedness Section for multiple disaster possibilities. OES is the lead agency that interfaces with the EMS Agency and the Public Health Division for major emergency responses.

### **Coordination with other EMS Agencies:**

The EMS Agency interfaces directly with the local and Region IV Offices of Emergency Services and the Region IV Regional Disaster Medical Health Specialist (RDMHS) for catastrophic disaster planning and response.

### **Need(s):**

Meets Standard.

### **Objective 8.01:**

Continue to participate in emergency medical response planning.

### **Time Frame for Objective:**

☐ Short Range Plan (one year or less)

☐ Long Range Plan (more than one year)

## Disaster Medical Response

### **Standard:**

8.02 Medical response plans and procedures for catastrophic disasters shall be applicable to incidents caused by a variety of hazards, including toxic substances.

### **Recommended Guideline:**

The California Office of Emergency Services multi-hazard functional plan should serve as the model for the development of medical response plans for catastrophic disasters.

### **Current Status:**

Medical response plans have been developed by State OES and are in place for a variety of potential hazards. The EMS Agency interfaces with the State EMS Authority Office of Disaster Planning, as well as with the local and Regional Offices of Emergency Services and the Region IV Regional Disaster Medical Health Specialist (RDMHS).

### **Coordination with other EMS Agencies:**

Not applicable for this Standard.

### **Need(s):**

Meets Standard and Recommended Guideline.

### **Objective 8.02:**

Continue to interface and coordinate with the State EMS Authority as well as local and Region IV Offices of Emergency Services relative to disaster planning and response.

### **Time Frame for Objective:**

☐ Short Range Plan (one year or less)

☐ Long Range Plan (more than one year)



## Disaster Medical Response

### **Standard:**

8.03 All EMS providers shall be properly trained and equipped for response to hazardous materials incidents, as determined by their system role and responsibilities.

### **Current Status:**

EMS personnel are firefighter paramedics who are trained to either the Awareness or the Operational level for hazardous materials responses. All EMS contractors are required to be equipped to respond to hazardous material incidents.

### **Coordination with other EMS Agencies:**

Not applicable for this Standard.

### **Need(s):**

Meets Standard.

### **Objective 8.03:**

Maintain record of EMS contractors training levels and hazard material response equipment Countywide.

### **Time Frame for Objective:**

☐ Short Range Plan (one year or less)

☐ Long Range Plan (more than one year)

## **Disaster Medical Response**

### **Standard:**

8.04 Medical response plans and procedures for catastrophic disasters shall use the Incident Command System (ICS) as the basis for field management.

### **Recommended Guideline:**

The local EMS agency should ensure that ICS training is provided for all medical providers.

### **Current Status:**

Medical response training plans and procedures for catastrophic disasters utilize the Incident Command System as the basis for field management.

### **Coordination with other EMS Agencies:**

Not applicable for this Standard.

### **Need(s):**

Meets Standard and Recommended Guideline.

### **Objective 8.04:**

Continue to assure that all medical personnel practicing in the County have received ICS and SEMS training.

### **Time Frame for Objective:**

☐

Short Range Plan (one year or less)

☐

Long Range Plan (more than one year)

## Disaster Medical Response

### **Standard:**

8.05 The local EMS agency, using state guidelines, shall establish written procedures for distributing disaster casualties to the medically most appropriate facilities in its service area.

### **Recommended Guideline:**

The local EMS agency, using state guidelines, and in consultation with Regional Poison Centers, should identify hospitals with special facilities and capabilities for receipt and treatment of patients with radiation and chemical contamination and injuries.

### **Current Status:**

The County of El Dorado Trauma Plan includes written procedures for distributing disaster casualties to the most appropriate medical facilities. El Dorado County has a hazardous materials response plan through Environmental Health Management. In the event of a mass disaster involving chemical contamination or radiation, initially the base hospital medical director contacts the DCF (designated control facility) that coordinates the response with appropriate hospitals with special facilities and capabilities, and makes contact with the regional poison control center. However, early on in such a disaster, OES assumes control of the incident. In the event of a terrorist incident, the FBI assumes control.

### **Coordination with other EMS Agencies:**

Coordination with other EMS Agencies is accomplished through regional OES.

### **Need(s):**

Meets Standard and Recommended Guideline.

### **Objective 8.05:**

Continue to strengthen relationships and close integration with OES.

### **Time Frame for Objective:**

☐ Short Range Plan (one year or less)

☐ Long Range Plan (more than one year)

## Disaster Medical Response

### **Standard:**

8.06 The local EMS agency, using state guidelines, shall establish written procedures for early assessment of needs and shall establish a means for communicating emergency requests to the state and other jurisdictions.

### **Recommended Guideline:**

The local EMS agency's procedures for determining necessary outside assistance should be exercised yearly.

### **Current Status:**

Specific components of the OES Region IV disaster plan address requests for assistance from agencies outside the County. Procedures and special resources are included and identified in the disaster plan. Annual, multi-jurisdictional, disaster drills are conducted to assess the effectiveness of established written procedures and outside special resources. All requests for assistance from the State are in accordance with the California Disaster Medical Operations Manual (CD-MOM) procedures and accomplished through the Response Information Management System (RIMS)

### **Coordination with other EMS Agencies:**

Not applicable for this Standard.

### **Need(s):**

Meets Standard and Recommended Guideline.

### **Objective 8.06:**

Continue to enhance the level of disaster preparedness and rehearsal.

### **Time Frame for Objective:**

☐

Short Range Plan (one year or less)

☐

Long Range Plan (more than one year)

## **Disaster Medical Response**

### **Standard:**

8.07 A specific frequency (e.g., CALCORD) or frequencies shall be identified for interagency communication and coordination during a disaster.

### **Current Status:**

All County of El Dorado EMS personnel, except those located in the West Shore area of Lake Tahoe, have access and utilize CALCORD Frequencies, the local fire net frequency (County fire high band 155.9005 is utilized for fire interagency communication and coordination. EMS personnel located in the West Shore area of Lake Tahoe utilize command frequencies dictated by Placer County Dispatch.

### **Coordination with other EMS Agencies:**

Interface with other EMS Agencies, including dispatch, to assure multi-jurisdictional use of common frequencies.

### **Need(s):**

Meets Standard.

### **Objective 8.07:**

Utilize common communication frequencies inside and outside the County to the greatest degree possible. Continue coordination with other EMS Agencies to ensure use of common frequencies.

### **Time Frame for Objective:**

☐ Short Range Plan (one year or less)

☐ Long Range Plan (more than one year)

## Disaster Medical Response

### **Standard:**

8.08 The local EMS agency, in cooperation with the local OES, shall develop an inventory of appropriate disaster medical resources to respond to multi-casualty incidents and disasters likely to occur in the service area.

### **Recommended Guideline:**

The local EMS agency should ensure that emergency medical providers and health care facilities have written agreements with anticipated providers of disaster medical resources.

### **Current Status:**

Agreements are in place between the local hospitals, their resource vendors and regional trauma centers, to provide medical supplies as needed for a multi-casualty incident (MCI). Additionally, any resources that may be requested external to the County can be obtained through the Medical Health Operational Area Coordinator (MHOAC).

### **Coordination with other EMS Agencies:**

Not applicable for this Standard.

### **Need(s):**

Meets Standard and Recommended Guideline.

### **Objective 8.08:**

Maintain an inventory of disaster medical resources.

### **Time Frame for Objective:**

☐ Short Range Plan (one year or less)

☐ Long Range Plan (more than one year)

## Disaster Medical Response

### **Standard:**

8.09 The local EMS agency shall establish and maintain relationships with DMAT teams in its area.

### **Recommended Guideline:**

The local EMS agency should support the development and maintenance of DMAT teams in its area.

### **Current Status:**

Disaster Medical Assistance Teams (DMAT) have not been established in El Dorado County. A DMAT team consists of approximately 100 members, and is comprised of medical staff including surgeons, physicians, nurses, paramedics and other resources. The closest DMAT team to El Dorado County is CA-11 based in Sacramento. Requests for DMAT assistance are made by the County Emergency Operations Center (EOC) through the Emergency Medical Services Authority.

### **Coordination with other EMS Agencies:**

Not applicable for this Standard.

### **Need(s):**

Not applicable for this County.

### **Objective 8.09:**

None.

### **Time Frame for Objective:**

☐ Short Range Plan (one year or less)

☐ Long Range Plan (more than one year)

## **Disaster Medical Response**

### **Standard:**

8.10 The local EMS agency shall ensure the existence of medical mutual aid agreements with other counties in its OES region and elsewhere, as needed, which ensure that sufficient emergency medical response and transport vehicles, and other relevant resources will be made available during significant medical incidents and during periods of extraordinary system demand.

### **Current Status:**

The EMS Agency through OES Region IV has in place all the necessary structure coordinating regional resources during significant medical incidents and periods of extraordinary system demand. OES Region IV has developed "Strike Teams" of regional private ambulance, helicopter, and National Guard resources to respond during periods of extraordinary system demand.

### **Coordination with other EMS Agencies:**

Coordination with other EMS Agencies occurs through involvement with local and Region IV Offices of Emergency Services and the Region IV Regional Disaster Medical Health Specialist (RDMHS).

### **Need(s):**

Meets Standard.

### **Objective 8.10:**

Continue to ensure adequate response resources in the event of significant medical incidents and extraordinary system demand.

### **Time Frame for Objective:**

☐ Short Range Plan (one year or less)

☐ Long Range Plan (more than one year)



## **Disaster Medical Response**

### **Standard:**

8.11 The local EMS agency, in coordination with the local OES and county health officer(s), and using state guidelines, shall designate casualty collection points (CCPs).

### **Current Status:**

In-county Casualty Collection Points (referred to as Primary Shelter Sites) have been designated by OES in conjunction with the Public Health Emergency Preparedness Section. It is not known where out-of-county Casualty Collection Points are located.

### **Coordination with other EMS Agencies:**

To assure the best mutual aid response, coordination with other EMS Agencies is required to identify out-of-county Casualty Collection Points. This is accomplished through the Region IV Regional Disaster Medical Health Specialist (RDMHS).

### **Need(s):**

Meets Standard.

### **Objective 8.11:**

Continue to designate new Casualty Collection Points (Primary Shelter Sites) as needed and determine the location of Casualty Collection Points in adjacent counties.

### **Time Frame for Objective:**

☐ Short Range Plan (one year or less)

☐ Long Range Plan (more than one year)

## **Disaster Medical Response**

### **Standard:**

8.12 The local EMS agency, in coordination with the local OES, shall develop plans for establishing CCPs and a means for communicating with them.

### **Current Status:**

Casualty Collection Points have been designated, and systems to communicate with them have been established in El Dorado County in collaboration with the El Dorado County Office of Emergency Services (OES) and El Dorado County Public Health Preparedness Section.

### **Coordination with other EMS Agencies:**

Not applicable for this Standard.

### **Need(s):**

Meets Standard.

### **Objective 8.12:**

Continue to enhance the Casualty Collection Point system in El Dorado County.

### **Time Frame for Objective:**

☐

Short Range Plan (one year or less)

☐

Long Range Plan (more than one year)

## Disaster Medical Response

### **Standard:**

8.13 The local EMS agency shall review the disaster medical training of EMS responders in its service area, including the proper management of casualties exposed to and/or contaminated by toxic or radioactive substances.

### **Recommended Guideline:**

The local EMS agency should ensure that EMS responders are appropriately trained in disaster response, including the proper management of casualties exposed to and/or contaminated by toxic or radioactive substances.

### **Current Status:**

This component has been adequately addressed during initial EMS training. All ambulance service personnel are required to have eight hours of HAZMAT training and participate in exercises and ongoing SEMS training. The County of El Dorado EMS Agency with the assistance of California Department of Public Health-Emergency Preparedness Office provides Chempack training on an annual basis to all first responders. Additionally policies are in place that detail disaster and MCI responses by all first responders.

### **Coordination with other EMS Agencies:**

Not applicable for this Standard.

### **Need(s):**

Meets Standard and Recommended Guideline.

### **Objective 8.13:**

Continue to ensure adequate disaster medical training of EMS responders for disaster response and management of toxic or radioactive substances.

### **Time Frame for Objective:**

☐ Short Range Plan (one year or less)

☐ Long Range Plan (more than one year)

## Disaster Medical Response

### **Standard:**

8.14 The local EMS agency shall encourage all hospitals to ensure that their plans for internal and external disasters are fully integrated with the county's medical response plan(s).

### **Recommended Guideline:**

At least one disaster drill per year conducted by each hospital should involve other hospitals, the local EMS agency, and prehospital medical care agencies.

### **Current Status:**

El Dorado County hospitals have internal and external disaster plans. It is the responsibility of the hospitals to ensure that disaster plans are integrated into the County's disaster plan. Drills are conducted every six months in both hospitals.

### **Coordination with other EMS Agencies:**

Not applicable for this Standard.

### **Need(s):**

Meets Standard and Recommended Guideline.

### **Objective 8.14:**

Continue to ensure disaster plans for hospitals, providers, and EMS system are integrated.

### **Time Frame for Objective:**

☐

Short Range Plan (one year or less)

☐

Long Range Plan (more than one year)

## Disaster Medical Response

### **Standard:**

8.15 The local EMS agency shall ensure that there is an emergency system for inter-hospital communications, including operational procedures.

### **Current Status:**

Geography and distance preclude total emergency inter-hospital communication capability within El Dorado County. However, with local telephone/cell phone and MedNet ring-down capabilities, communication needs are met. In the event that normal communications are lost, a fire unit is placed at each hospital, and inter-hospital communications will be reestablished utilizing County dispatch channels.

During a disaster, the Tahoe Amateur Radio Association (TARA) provides HAM radio communications assistance to both hospitals and the El Dorado County OES.

### **Coordination with other EMS Agencies:**

Not applicable for this Standard.

### **Need(s):**

Meets Standard.

### **Objective 8.15:**

Continue to incorporate state-of-the-art communication technology as it becomes available.

### **Time Frame for Objective:**

☐ Short Range Plan (one year or less)

☐ Long Range Plan (more than one year)

## Disaster Medical Response

### **Standard:**

8.16 The local EMS agency shall ensure that all prehospital medical response agencies and acute care hospitals in its service area, in cooperation with other local disaster medical response agencies, have developed guidelines for the management of significant medical incidents and have trained their staffs in their use.

### **Recommended Guideline:**

The local EMS agency should ensure the availability of training in management of significant medical incidents for all prehospital medical response agencies and acute-care hospital staffs in its service area.

### **Current Status:**

All El Dorado County prehospital medical response agencies and acute care hospitals have developed guidelines for management of significant medical incidents, and their staffs have been trained. Guidelines have been developed in conjunction with OES Region IV and El Dorado County OES. Training with both hospitals is conducted bi-monthly to ensure all staff and communication systems are operational.

### **Coordination with other EMS Agencies:**

Not applicable for this Standard.

### **Need(s):**

Meets Standard and Recommended Guideline.

### **Objective 8.16:**

Enhance guidelines and training as appropriate.

### **Time Frame for Objective:**

☐ Short Range Plan (one year or less)

☐ Long Range Plan (more than one year)

## Disaster Medical Response

### Advanced Life Support

#### Standard:

8.17 The local EMS agency shall ensure that policies and procedures allow advanced life support personnel and mutual aid responders from other EMS systems to respond and function during significant medical incidents.

#### Current Status:

Current policies and procedures allow out-of-county responders to function in El Dorado County under their county's protocols.

#### Coordination with other EMS Agencies:

Not applicable for this Standard.

#### Need(s):

Meets Standard.

#### Objective 8.17:

Continue to ensure that other EMS systems are allowed to respond and function during significant medical incidents in El Dorado County.

#### Time Frame for Objective:

☐ Short Range Plan (one year or less)

☐ Long Range Plan (more than one year)

## Disaster Medical Response

### Specialty Care Systems

#### Standard:

8.18 Local EMS agencies developing trauma or other specialty care systems shall determine the role of identified specialty centers during significant medical incidents and the impact of such incidents on day-to-day triage procedures.

#### Current Status:

The role of identified specialty centers during significant medical incidents and the impact of such incidents have been addressed in the approved County of El Dorado Trauma Plan.

#### Coordination with other EMS Agencies:

Not applicable for this Standard.

#### Need(s):

Meets Standard.

#### Objective 8.18:

Update Trauma Plan as required.

#### Time Frame for Objective:

☐ Short Range Plan (one year or less)

☐ Long Range Plan (more than one year)



## **Disaster Medical Response**

### **Exclusive Operating Areas/Ambulance Regulation**

#### **Standard:**

8.19 Local EMS agencies which grant exclusive operating permits shall ensure that a process exists to waive the exclusivity in the event of a significant medical incident.

#### **Current Status:**

El Dorado County CSA #3 and CSA #7 are Exclusive Operating Areas. The County, operating under a Public Utility Model, contractually requires its transport contractors to follow mutual aid provisions and have mutual aid agreements to support internal (in county) and external disaster medical responses.

#### **Coordination with other EMS Agencies:**

Not applicable for this Standard.

#### **Need(s):**

Meets Standard.

#### **Objective 8.19:**

Monitor compliance with mutual aid agreements.

#### **Time Frame for Objective:**

☐ Short Range Plan (one year or less)

☐ Long Range Plan (more than one year)

### **Section III - System Resources and Operations**

The following tables are provided in the format required by the California EMS Authority and are labeled Tables 2 - 7 respectively.

## TABLE 2: SYSTEM RESOURCES AND OPERATIONS

### System Organization and Management

**EMS System:** COUNTY OF EL DORADO EMS AGENCY

**Reporting Year:** 07/01/2010 – 06/30/2011

**NOTE:** Number (1) below is to be completed for each county. The balance of Table 2 refers to each agency.

1. Percentage of population served by each level of care by county:  
(Identify for the maximum level of service offered; the total of a, b, and c should equal 100 %.)

**County:** **EL DORADO**

A. Basic Life Support (BLS)	N/A
B. Limited Advanced Life Support (LALS)	N/A
C. Advanced Life Support (ALS)	100%

2. Type of agency
  - a - Public Health Department
  - b - County Health Services Agency**
  - c - Other (non-health) County Department
  - d - Joint Powers Agency
  - e - Private Non-Profit Entity
  - f - Other:
3. The person responsible for day-to-day activities of the EMS agency reports to
  - a - Public Health Officer
  - b - Health Services Agency Director/Administrator
  - c - Board of Directors
  - d - Other: **Health Services Program Manager II**
4. Indicate the non-required functions which are performed by the agency:

Implementation of exclusive operating areas (ambulance franchising)	<u>X</u>
Designation of trauma centers/trauma care system planning	<u>X</u>
Designation/approval of pediatric facilities	<u>          </u>
Designation of other critical care centers	<u>          </u>
Development of transfer agreements	<u>          </u>
Enforcement of local ambulance ordinance	<u>X</u>
Enforcement of ambulance service contracts	<u>X</u>
Operation of ambulance service	<u>X</u>

(under a PUM)

**Table 2 -- System Organization & Management (cont.)**

Continuing education	<u>    X    </u>
Personnel training	<u>    X    </u>
Operation of oversight of EMS dispatch center	<u>    X    </u>
Non-medical disaster planning	<u>          </u>
Administration of critical incident stress debriefing team (CISD)	<u>          </u>
Administration of disaster medical assistance team (DMAT)	<u>          </u>
Administration of EMS Fund [Senate Bill (SB) 12/612]	<u>    X    </u>
Other: <u>                                </u>	
Other: <u>                                </u>	
Other: <u>                                </u>	

5. EMS agency budget for 07/01/2010 – 06/30/2011

**EXPENSES**

Salaries and benefits (All but contract personnel)	\$320,899
Contract Services (e.g. medical director)	\$0
Operations (e.g. copying, postage, facilities)	\$113,303
Travel	\$1,618
Fixed assets	\$0
Indirect expenses (overhead)	\$53,950
Ambulance subsidy	\$0
EMS Fund payments to physicians/hospital	\$313,755
Dispatch center operations (non-staff)	\$0
Training program operations	\$0
Other: <u>                                </u>	<u>                                </u>
Other: <u>                                </u>	<u>                                </u>
Other: <u>                                </u>	<u>                                </u>
<b>TOTAL EXPENSES</b>	<b>\$803,525</b>

**Table 2 -- System Organization & Management (cont.)****SOURCES OF REVENUE**

Special project grant(s) from EMSA	
Preventive Health and Health Services (PHHS) Block Grant	\$0
Office of Traffic Safety (OTS)	\$0
State general fund	\$0
County general fund	\$483,149
Other local tax funds (e.g., EMS district)	\$0
County contracts (e.g. multi-county agencies)	\$0
Certification fees	\$6,621
Training program approval fees	\$0
Training program tuition/Average daily attendance funds (ADA)	\$0
Job Training Partnership ACT (JTPA) funds/other payments	\$0
Base hospital application fees	\$0
Trauma center application fees	\$0
Trauma center designation fees	\$0
Pediatric facility approval fees	\$0
Pediatric facility designation fees	\$0
Other critical care center application fees	\$0
Type: _____	
Other critical care center designation fees	\$0
Type: _____	
Ambulance service/vehicle fees	\$0
Contributions	_____
EMS Fund (SB 12/612)	\$313,755
Other grants: _____	_____
Other fees: _____	_____
Other (specify): _____	_____
<b>TOTAL REVENUE</b>	<b>\$803,525</b>

**TOTAL REVENUE SHOULD EQUAL TOTAL EXPENSES.  
IF THEY DON'T, PLEASE EXPLAIN BELOW.**

**Table 2 -- System Organization & Management (cont.)**

Fee structure for FY 07/01/2010 – 06/30/2011

☐ We do not charge any fees

☒ Our fee structure is:

First responder certification	\$10
EMS dispatcher certification	N/A
EMT certification	\$10
EMT recertification	\$10
EMT-defibrillation certification	N/A
EMT-defibrillation recertification	N/A
Advanced EMT certification	N/A
Advanced EMT recertification	N/A
EMT-P accreditation	\$10
Mobile Intensive Care Nurse/ Authorized Registered Nurse	
MICN/ARN certification	\$10
MICN/ARN recertification	\$10
EMT training program approval	\$0
Advanced EMT training program approval	N/A
EMT-P training program approval	N/A
MICN/ARN training program approval	\$0
Base hospital application	\$0
Base hospital designation	\$0
Trauma center application	\$0
Trauma center designation	TBD
Pediatric facility approval	N/A
Pediatric facility designation	N/A

Other critical care center application

Type: \_\_\_\_\_

Other critical care center designation

Type: \_\_\_\_\_

Ambulance service license	N/A
Ambulance vehicle permits	N/A
Other: _____	_____
Other: _____	_____
Other: _____	_____

7. Complete the table on the following two pages for the EMS agency staff for the fiscal year of 07/01/2010 – 06/30/2011.

**Table 2 -- System Organization & Management (cont.)**

EMS System: COUNTY OF EL DORADO EMS AGENCY

Reporting Year: 07/01/2010 – 06/30/2011

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (% of Salary)	COMMENTS
EMS Admin./Coord./Director	EMS Agency Administrator	1.0	\$46.35	19.07%	
Asst. Admin. /Admin. Asst. /Admin. Mgr.	N/A				
ALS Coord. /Field Coord. / Training Coordinator	N/A				
Program Coordinator/ Field Liaison (Non-clinical)	N/A				
Trauma Coordinator	N/A				
Medical Director	EMS Agency Medical Director	0.5	\$88.52	3.46%	
Other MD/Medical Consult/ Training Medical Director	N/A				
Disaster Medical Planner	N/A				

Include an organizational chart of the local EMS agency and a county organization chart(s) indicating how the LEMSA fits within the county/multi-county structure.

Table 2 --System Organization & Management (cont.)

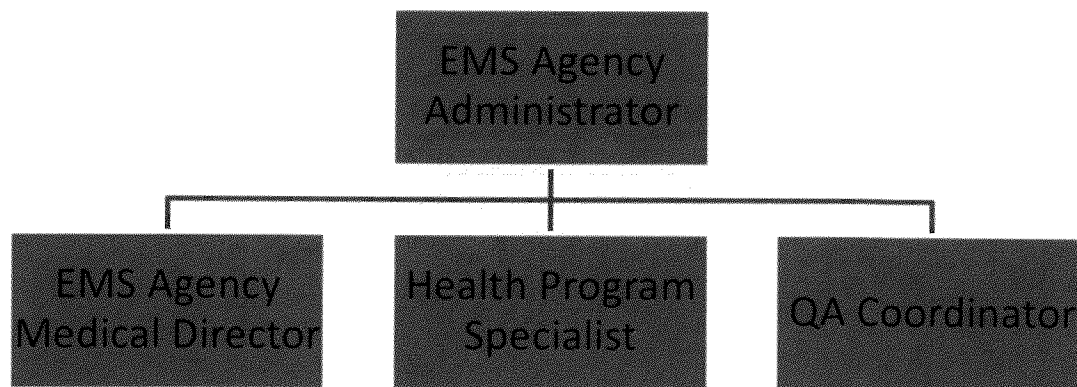
CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (%of Salary)	COMMENTS
Dispatch Supervisor	N/A				
Medical Planner	N/A				
Data Evaluator/Analyst	Health Program Specialist	1.0	\$32.39	21.19%	
QA/QI Coordinator	QA Coordinator	0.5	\$28.48	7.26%	
Public Info. & Education Coordinator	N/A				
Executive Secretary	N/A				
Other Clerical	N/A				
Data Entry Clerk	N/A				
Other	Administrative Technician	0.5	\$39.22	35.46%	

Include an organizational chart of the local EMS agency and a county organization chart(s) indicating how the LEMSA fits within the county/multi-county structure.

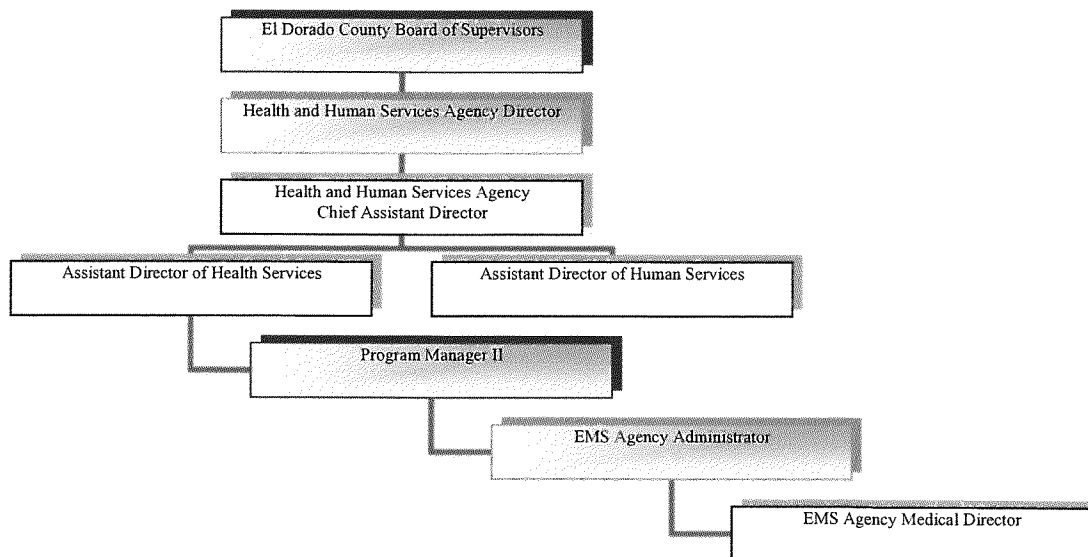


## APPENDIX A - Organization Charts

### County of El Dorado EMS Agency July 2012



## El Dorado County Organization Chart



**TABLE 3: SYSTEM RESOURCES AND OPERATIONS -- Personnel/Training**

EMS System: COUNTY OF EL DORADO EMS AGENCY

Reporting Year: 07/01/2010 – 06/30/2011

**NOTE:** Table 3 is to be reported by agency.

	EMTs	Advanced EMTs	EMT-Ps	MICNs	EMS Dispatchers
Total Certified/Accredited	278	N/A	120	2	21
Number newly certified this year	52	N/A	N/A	1	
Number recertified this year	226	N/A	N/A	1	
Total number of accredited personnel on July 1 of the reporting year			120		
Number of certification reviews resulting in:					
a) formal investigations	0	N/A	0	0	0
b) probation	3	N/A	0	0	0
c) suspensions		N/A	0	0	0
d) revocations	1	N/A	0	0	0
e) denials		N/A	0	0	0
f) denials of renewal		N/A	0	0	0
g) no action taken		N/A	0	0	0

1. Number of EMS dispatchers trained to EMSA standards: 21
2. Early defibrillation:
  - a) Number of EMT (defib) certified 278
  - b) Number of public safety (defib) certified (non-EMT) Unknown
3. Do you have a first responder training program ☒ yes ☐ no

#### TABLE 4: SYSTEM RESOURCES AND OPERATIONS -- Communications

EMS System: COUNTY OF EL DORADO EMS AGENCY

County: EL DORADO

Reporting Year: 07/01/2010 – 06/30/2011

Note: Table 4 is to be answered for each county.

1. Number of primary Public Service Answering Points (PSAP) 2
2. Number of secondary PSAPs 1
3. Number of dispatch centers directly dispatching ambulances 3
4. Number of designated dispatch centers for EMS Aircraft 2
5. Do you have an operational area disaster communication system? Yes X No \_\_\_\_
  - a. Radio primary frequency CLEMARS 1 (154.920)
  - b. Other methods CLEMARS 2 (154.935), CALCORD (156.075)
  - c. Can all medical response units communicate on the same disaster communications system?  
Yes X No \_\_\_\_
  - d. Do you participate in OASIS? Yes \_\_\_\_ No X
  - e. Do you have a plan to utilize RACES as a back-up communication system?  
Yes X No \_\_\_\_
  - 1) Within the operational area? Yes X No \_\_\_\_
  - 2) Between the operational area and the region and/or state? Yes X No \_\_\_\_
6. Who is your primary dispatch agency for day-to-day emergencies?
  - CAL FIRE (Camino)
  - South Lake Tahoe Police Department
  - CAL FIRE (Grass Valley) (Tahoe West Shore only)
7. Who is your primary dispatch agency for a disaster? Same as above

**TABLE 5: SYSTEM RESOURCES AND OPERATIONS -- Response/Transportation**

EMS System: COUNTY OF EL DORADO EMS AGENCY

Reporting Year: 07/01/2010 – 06/30/2011

**Note:** Table 5 is to be reported by agency.

**Early Defibrillation Providers**

1. Number of EMT-Defibrillation providers 16

**SYSTEM STANDARD RESPONSE TIMES (90<sup>TH</sup> PERCENTILE)**

Enter the response times in the appropriate boxes	METRO/URBAN	SUBURBAN/RURAL	WILDERNESS	SYSTEMWIDE
BLS and CPR capable first responder	N/A	N/A	N/A	No Standard
Early defibrillation responder	N/A	N/A	N/A	No Standard
Advanced life support responder	N/A	N/A	N/A	No Standard
Transport Ambulance	11 minutes	16-24 minutes	90 minutes	N/A

**TABLE 6: SYSTEM RESOURCES AND OPERATIONS -- Facilities/Critical Care**

EMS System: COUNTY OF EL DORADO EMS AGENCY

Reporting Year: 07/01/2010 – 06/30/2011

**NOTE:** Table 6 is to be reported by agency.

**Trauma**

Trauma patients:

a) Number of patients meeting trauma triage criteria	464 Approx.
b) Number of major trauma victims transported directly to a trauma center by ambulance	334 Approx.
c) Number of major trauma patients transferred to a trauma center	480 Approx.
d) Number of patients meeting triage criteria who weren't treated at a trauma center	Unknown

**Emergency Departments**

Total number of emergency departments	2
a) Number of referral emergency services	N/A
b) Number of standby emergency services	N/A
c) Number of basic emergency services	2
d) Number of comprehensive emergency services	N/A

**Receiving Hospitals**

1. Number of receiving hospitals with written agreements	N/A
2. Number of base hospitals with written agreements	2

## TABLE 7: SYSTEM RESOURCES AND OPERATIONS -- Disaster Medical

EMS System: COUNTY OF EL DORADO EMS AGENCY

County: EL DORADO

Reporting Year: 07/01/2010 – 06/30/2011

**NOTE:** Table 7 is to be answered for each county.

### SYSTEM RESOURCES

1. Casualty Collections Points (CCP)
  - a. Where are your CCPs located? Several sites countywide
  - b. How are they staffed? Volunteers
  - c. Do you have a supply system for supporting them for 72 hours? yes ☐ no ☒
2. CISD  
Do you have a CISD provider with 24 hour capability? yes ☐ no ☒
3. Medical Response Team
  - a. Do you have any team medical response capability? yes ☐ no ☒
  - b. For each team, are they incorporated into your local response plan? yes ☐ no ☐
  - c. Are they available for statewide response? yes ☐ no ☐
  - d. Are they part of a formal out-of-state response system? yes ☐ no ☐
4. Hazardous Materials
  - a. Do you have any HazMat trained medical response teams? yes ☒ no ☐
  - b. At what HazMat level are they trained? **First Responder Operations**
  - c. Do you have the ability to do decontamination in an emergency room? yes ☒ no ☐
  - d. Do you have the ability to do decontamination in the field? yes ☒ no ☐

### OPERATIONS

1. Are you using a Standardized Emergency Management System (SEMS) that incorporates a form of Incident Command System (ICS) structure? yes ☒ no ☐
2. What is the maximum number of local jurisdiction EOCs you will need to interact with in a disaster? 3

3. Have you tested your MCI Plan this year in a:
- a. real event? yes X no
- b. exercise? yes X no
4. List all counties with which you have a written medical mutual aid agreement.  
**None.**
5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response? yes      no X
6. Do you have formal agreements with community clinics in your operational areas to participate in disaster planning and response? yes X no
7. Are you part of a multi-county EMS system for disaster response? yes X no
8. Are you a separate department or agency? yes      no X
9. If not, to whom do you report? Health and Human Services Director
8. If your agency is not in the Health Department, do you have a plan to coordinate public health and environmental health issues with the Health Department?  
yes      **Not applicable**  
no



## **SECTION IV - RESOURCE DIRECTORIES**

The following tables are provided in the format required by the California EMS Authority and are labeled Tables 8 - 9 respectively.

**Table 8: Resource Directory**

**Response/Transportation/Providers**

**Note:** Table 8 is to be completed for each provider by county. Make copies as needed.

**County:** County of El Dorado      **Provider:** County of El Dorado under the Public Utility Model. The County contracts for transportation and dispatch services with the Cal Tahoe Emergency Services Operations Authority (CTESOA).      **Response Zone:** County Service Area No. 3 South Shore Area

**Address:** P.O. Box 8917  
South Lake Tahoe, CA 96158

**Phone Number:** (530) 577-3737

**Number of Ambulance Vehicles in Fleet:** 5

**Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 3

<b>Written Contract:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Medical Director:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>System Available 24 Hours:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Level of Service:</b> <input checked="" type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> Non-Transport <input type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
<b>Ownership:</b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b>If Public:</b> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other Explain: Joint Powers Authority	<b>If Public:</b> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Fire District <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing
<b>Air Classification:</b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue			

**Transporting Agencies**

Total number of responses	2,406	Total number of transports
Number of emergency responses	2,276	Number of emergency transports
Number of non-emergency responses	130	Number of non-emergency transports

**Air Ambulance Services**

Total number of responses	Total number of transports
Number of emergency responses	Number of emergency transports
Number of non-emergency responses	Number of non-emergency transports

<b>County:</b>	County of El Dorado	<b>Provider:</b>	County of El Dorado under the Public Utility Model. The County contracts for transportation and dispatch services with the North Tahoe Fire Protection District.	<b>Response Zone:</b>	County Service Area No. 3 Tahoe West Shore Area
----------------	---------------------	------------------	--	-----------------------	--

<b>Address:</b>	222 Fairway Drive Tahoe City, CA 96145
<b>Number of Ambulance Vehicles in Fleet:</b>	8

**Phone**  
**Number:** (530) 583-6913

<p><b><u>Written Contract:</u></b></p> <p> <input checked="" type="checkbox"/> Yes         <input type="checkbox"/> No       </p>	<p><b><u>Medical Director:</u></b></p> <p> <input type="checkbox"/> Yes         <input checked="" type="checkbox"/> No       </p>	<p><b><u>System Available 24 Hours:</u></b></p> <p> <input checked="" type="checkbox"/> Yes         <input type="checkbox"/> No       </p>	<p><b><u>Level of Service:</u></b></p> <p> <input checked="" type="checkbox"/> Transport  <input type="checkbox"/> Non-Transport         </p> <p> <input checked="" type="checkbox"/> ALS  <input type="checkbox"/> BLS  <input type="checkbox"/> 7-Digit         </p> <p> <input checked="" type="checkbox"/> 9-1-1  <input type="checkbox"/> 7-Digit  <input type="checkbox"/> CCT  <input type="checkbox"/> IFT         </p> <p> <input checked="" type="checkbox"/> Ground  <input type="checkbox"/> Air  <input type="checkbox"/> Water         </p>	
<p><b><u>Ownership:</u></b></p> <p> <input checked="" type="checkbox"/> Public  <input type="checkbox"/> Private         </p>	<p><b><u>If Public:</u></b></p> <p> <input checked="" type="checkbox"/> Fire  <input type="checkbox"/> Law  <input type="checkbox"/> Other         </p> <p>Explain: _____</p>	<p><b><u>If Public:</u></b></p> <p> <input type="checkbox"/> City  <input type="checkbox"/> State  <input type="checkbox"/> Federal         </p> <p> <input type="checkbox"/> County  <input checked="" type="checkbox"/> Fire District         </p>	<p><b><u>If Air:</u></b></p> <p> <input type="checkbox"/> Rotary  <input type="checkbox"/> Fixed Wing         </p>	<p><b><u>Air Classification:</u></b></p> <p> <input type="checkbox"/> Auxiliary Rescue  <input type="checkbox"/> Air Ambulance  <input type="checkbox"/> ALS Rescue  <input type="checkbox"/> BLS Rescue         </p>

## Transporting Agencies

Total number of responses	47	Total number of transports
Number of emergency responses	47	Number of emergency transports
Number of non-emergency responses	0	Number of non-emergency transports

## Air Ambulance Services

Total number of responses	_____	Total number of transports	_____
Number of emergency responses	_____	Number of emergency transports	_____
Number of non-emergency responses	_____	Number of non-emergency transports	_____

**County:** County of El Dorado      **Provider:** County of El Dorado under the Public Utility Model. The County contracts for transportation and dispatch services with the El Dorado County Emergency Services Authority.      **Response Zone:** County Service Area No. 7 West Slope Area

**Address:** 480 Locust Road      **Number of Ambulance Vehicles in Fleet:** 19  
 Diamond Springs, CA 95619  
**Phone Number:** (530) 642-0622      **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 8

<b><u>Written Contract:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Medical Director:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>System Available 24 Hours:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Level of Service:</u></b> <input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport <input type="checkbox"/> ALS <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> 9-1-1 <input type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> 7-Digit <input type="checkbox"/> IFT
<b><u>Ownership:</u></b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b><u>If Public:</u></b> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other Explain: <u>Joint Powers Authority</u>	<b><u>If Public:</u></b> <input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> County <input checked="" type="checkbox"/> Fire District	<b><u>If Air:</u></b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing <b><u>Air Classification:</u></b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

**Transporting Agencies**

17,810	Total number of responses	7,886	Total number of transports
12,938	Number of emergency responses	6,304	Number of emergency transports
4,872	Number of non-emergency responses	1,482	Number of non-emergency transports

**Air Ambulance Services**

	Total number of responses		Total number of transports
	Number of emergency responses		Number of emergency transports
	Number of non-emergency responses		Number of non-emergency transports

**County:** County of El Dorado      **Provider:** CALSTAR is authorized by LEMSA to provide non-exclusive air ambulance services within the County. County does not provide air ambulance under the PUM.      **Response Zone:** County Service Area No. 7 and 3. (the entire County)

**Address:** 1901 Airport Blvd.      **Number of Ambulance Vehicles in Fleet:** 1  
 South Lake Tahoe, CA 96150  
**Phone Number:** (530) 544-2338      **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 1

<b><u>Written Contract:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Medical Director:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>System Available 24 Hours:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Level of Service:</u></b> <input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport <input type="checkbox"/> ALS <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> 9-1-1 <input type="checkbox"/> Ground <input type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input type="checkbox"/> IFT <input type="checkbox"/> Air <input type="checkbox"/> Water
<b><u>Ownership:</u></b> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<b><u>If Public:</u></b> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<b><u>If Public:</u></b> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b><u>If Air:</u></b> <input checked="" type="checkbox"/> Rotary <input checked="" type="checkbox"/> Fixed Wing
		<b><u>Air Classification:</u></b> <input type="checkbox"/> Auxiliary Rescue <input checked="" type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	

**Transporting Agencies**

Total number of responses \_\_\_\_\_  
 Number of emergency responses \_\_\_\_\_  
 Number of non-emergency responses \_\_\_\_\_

Total number of transports \_\_\_\_\_  
 Number of emergency transports \_\_\_\_\_  
 Number of non-emergency transports \_\_\_\_\_

**Air Ambulance Services**

492 Total number of responses \_\_\_\_\_  
 473 Number of emergency responses \_\_\_\_\_  
 19 Number of non-emergency responses \_\_\_\_\_

339 Total number of transports \_\_\_\_\_  
 339 Number of emergency transports \_\_\_\_\_  
 0 Number of non-emergency transports \_\_\_\_\_

**Table 9: Resources Directory**

**Facilities**

**County:** El Dorado County

**Note:** Complete information for each facility by county. Make copies as needed.

**Facility:** Marshall Medical Center **Telephone Number:** (530) 622-1441  
**Address:** 1100 Marshall Way  
Placerville, CA 95667

<u><b>Written Contract:</b></u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u><b>Service:</b></u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Basic Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Comprehensive Emergency	<u><b>Base Hospital:</b></u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u><b>Burn Center:</b></u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	--	---	---

<b>Pediatric Critical Care Center<sup>1</sup></b> <b>EDAP<sup>2</sup></b> <b>PICU<sup>3</sup></b>	<u><b>Trauma Center:</b></u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u><b>If Trauma Center what level:</b></u> <input type="checkbox"/> Level I <input checked="" type="checkbox"/> Level III <input type="checkbox"/> Level II <input type="checkbox"/> Level IV
---	---	---

<u><b>STEMI Center:</b></u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u><b>Stroke Center:</b></u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	---

<sup>1</sup> Meets EMSA Pediatric Critical Care Center (PCCC) Standards  
<sup>2</sup> Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards  
<sup>3</sup> Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

County: El Dorado County

Note: Complete information for each facility by county. Make copies as needed.

Facility: Barton Memorial Hospital Telephone Number: (530) 541-3420  
Address: 2170 South Avenue  
South Lake Tahoe, CA 96150

<u>Written Contract:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No
--	--	---	---

Pediatric Critical Care Center <sup>4</sup> EDAP <sup>5</sup> PICU <sup>6</sup>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
---	--	---	---

<u>STEMI Center:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Stroke Center:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No
--	---

<sup>4</sup> Meets EMSA Pediatric Critical Care Center (PCCC) Standards  
<sup>5</sup> Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards  
<sup>6</sup> Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

**TABLE 8: RESOURCES DIRECTORY -- Approved Training Programs**

**EMS System:** COUNTY OF EL DORADO EMS AGENCY      **County:** EL DORADO      **Reporting Year:** 07/01/2010 – 06/30/2011

**NOTE:** Table 8 is to be completed by county. Make copies to add pages as needed.

<b>Training Institution Name</b>	<b>Address</b>	<b>Contact Person</b>	<b>Telephone Number</b>
El Dorado County Training Officers	1707 Karen Way Placerville, CA 95667	Brian Veerkamp, Chief	(530) 919-0516
<b>Student Eligibility: *</b> Open to public	<b>Cost of Program</b> Basic      \$ <u>150</u> Refresher      \$ <u>50</u>	<b>**Program Level: EMT</b> Number of students completing training per year: Initial training: <u>125</u> Refresher: <u>150</u> Cont. Education <u>150</u> Expiration Date: August 2012 Number of courses: <u>14</u> Initial training: <u>6</u> Refresher: <u>8</u> Cont. Education: <u>N/A</u>	
<b>Training Institution Name</b>	<b>Address</b>	<b>Contact Person</b>	<b>Telephone Number</b>
El Dorado County Training Officers	1707 Karen Way Placerville, CA 95667	Brian Veerkamp	(530) 919-0516
<b>Student Eligibility: *</b> Open to public	<b>Cost of Program</b> Basic      \$ <u>0</u> Refresher      \$ <u>0</u>	<b>**Program Level: First Responder</b> Number of students completing training per year: Initial training: <u>20</u> Refresher: <u>20</u> Cont. Education <u>N/A</u> Expiration Date: <u>August 2012</u> Number of courses: <u>4</u> Initial training: <u>2</u> Refresher: <u>2</u> Cont. Education: <u>N/A</u>	

\* Open to general public or restricted to certain personnel only.

\*\* Indicate whether EMT, Advanced EMT, EMT-P, or MICN; if there is a training program that offers more than one level, complete all information for each level



# TABLE 8: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: COUNTY OF EL DORADO EMS AGENCY County: EL DORADO Reporting Year: 07/01/2010 – 06/30/2011

NOTE: Table 8 is to be completed by county. Make copies to add pages as needed.

<b>Training Institution Name</b>	Lake Tahoe Community College	<b>Contact Person.</b>	Virginia Boyar
<b>Address</b>	1 College Drive South Lake Tahoe, CA 96150	<b>Telephone Number</b>	(530) 541-4660

Student Eligibility: *	Cost of Program	**Program Level: EMT
Open to public	Basic \$150.00 Refresher \$78.00	Number of students completing training per year: Initial training: 150 Refresher: 60 Cont. Education N/A Expiration Date: August 2012 Number of courses: 8 Initial training: 5 Refresher: 3 Cont. Education: N/A

\* Open to general public or restricted to certain personnel only.

\*\* Indicate whether EMT, Advanced EMT, EMT-P, or MICN; if there is a training program that offers more than one level, complete all information for each level.

<b>Training Institution Name</b>	Marshall Medical Center	<b>Contact Person.</b>	Michele Williams, RN
<b>Address</b>	Marshall Way Placerville, CA 95667	<b>Telephone Number</b>	Base Hospital Coordinator (530) 626-2770 Ext. 2246

Student Eligibility: *	Cost of Program	**Program Level: MICN
Restricted to qualified RN's	Basic Varies Refresher N/A	Number of students completing training per year: Initial training: 8 Refresher: N/A Cont. Education N/A Expiration Date: October 2014 Number of courses: 2 Initial training: 2 Refresher: N/A Cont. Education: N/A

\* Open to general public or restricted to certain personnel only.

\*\* Indicate whether EMT, Advanced EMT, EMT-P, or MICN; if there is a training program that offers more than one level, complete all information for each level.

**TABLE 9: RESOURCES DIRECTORY -- Dispatch Agency**

**EMS System:** COUNTY OF EL DORADO EMS AGENCY      **County:** EL DORADO      **Reporting Year:** 07/01/2010 – 06/30/2011

**NOTE:** Make copies to add pages as needed. Complete information for each provider by county.

<b>Name, address &amp; telephone:</b> CAL FIRE (California Department of Forestry) 2840 Mt. Dana Rd. Camino, CA 95709 (530) 647-2345		<b>Primary Contact:</b> Justin Sanders, Battalion Chief	
<b>Written Contract:</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>Medical Director:</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel providing services: 14 EMD Training      EMT      ALS BLS      LALS      Other
<b>Ownership:</b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: <u>CAL FIRE</u>		
		If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input checked="" type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	

<b>Name, address &amp; telephone:</b> South Lake Tahoe Police Department 1420 Johnson Blvd. South Lake Tahoe, CA 96150 (530) 542-6110		<b>Primary Contact:</b> Kory Falkner, Dispatch Supervisor	
<b>Written Contract:</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>Medical Director:</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel providing services: 7 EMD Training      EMT      ALS BLS      LALS      Other



## SECTION V - DESCRIPTION OF INITIAL PLAN DEVELOPMENT PROCESS

- A. This EMS Plan was written entirely as an internal team effort by the EMS Agency Staff.
- B. The State guidelines were used as a framework but all data was derived from internal sources.
- C. The methodology was as follows: The work was scheduled when a maximum number of staff was available. The staff went into the conference room where a laptop computer and projector were available. The Plan was projected onto a screen, and all research materials were available. Each Standard was projected and discussed. When a consensus was reached, the group moved on to another standard. When that day's work was completed, the day's material was printed out and given to each member of the team. This enabled staff to conduct extensive system inquiry and research to confirm or modify the accuracy of the information in each portion of the Plan. At the next meeting, a review was done of the previous session's work and when it was completed, any agreed-upon corrections were made. Once this process was cycled through a given Standard, the team moved on to the next areas and repeated this process.
- D. During this process, advice and input from members of the system and the community were solicited, and this was often enormously supportive to realize a document that was understandable and which reflects the depth of knowledge in each area.
- E. Seventy-five copies of the document were then sent out for community review and input; where changes were appropriate, they were made. All comments of the community were compiled and submitted to the Board of Supervisors for their interest, analysis and action, where appropriate.
- F. The Board of Supervisors then adopted the Plan as amended. It was submitted to the EMS Authority as a draft, pending the EOA issues being clarified within the County.
- G. In December 1999, the Board of Supervisors voted to establish an EOA in CSA #3, and this directive is reflected in this revision of this Plan.
- H. The Plan was updated in accordance with the Board of Supervisors' directive and submitted to County Counsel for review.
- I. EMS Agency staff then finalized the Plan, sent it out for community review and input, and incorporated appropriate changes.
- J. Following adoption, the Plan was submitted to the State EMS Authority for approval.

## **SECTION VI - ANNEX**

### **ANNEX 1 - Trauma Care System Plan**

Available on the County of El Dorado EMS Agency website:

[http://www.edcgov.us/Government/EMS/EMS\\_Plan.aspx](http://www.edcgov.us/Government/EMS/EMS_Plan.aspx)

**ANNEX 2 - AB 3153 Compliance: Exclusive Operating Areas**  
(Implementation of Section 1797.224, H&SC)

## EXCLUSIVE OPERATING AREAS EMS PLAN - ZONE SUMMARY

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

<b>Local EMS Agency or County Name:</b> County of El Dorado EMS Agency
<b>Area or Subarea (Zone) Name or Title:</b> County Service Area No. 3 – South Shore Area
<b>Name of Current Provider(s):</b> <small>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</small> County of El Dorado under the Public Utility Model since 1992. Transport services are contracted, after competitive bid, to the Cal Tahoe Emergency Services Operations Authority (Joint Powers Authority comprised of South Lake Tahoe Fire Department and Lake Valley Fire Protection District), effective September 1, 2011. Cal Tahoe has been under contract to provide transport services since 2001.
<b>Area or Subarea (Zone) Geographic Description:</b> County Service Area No. 3 (CSA #3) – South Shore Area as set forth in official records of El Dorado County – eastern portion of El Dorado County including City of South Lake Tahoe; excluding Tahoe West Shore Area (Meeks Bay).
<b>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6):</b> <small>Include intent of local EMS agency and Board action.</small> Exclusive Operating Area. In December 1999, the El Dorado County Board of Supervisors established an EOA and conducted a competitive bidding process in accordance with EMSA #141 for the CSA #3 – South Shore Area. On June 26, 2001, a transport and dispatch contractor was selected for the CSA #3 – South Shore Area. In February 2011, a competitive bidding process was conducted in accordance with EMSA #141. On May 3, 2011, the Board selected Cal Tahoe as the transport and dispatch contractor and authorized staff to complete Agreement 164-S1211, which was approved by the Board August 23, 2011 effective September 1, 2011.
<b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b> <small>Include type of exclusivity (Emergency Ambulance, ALS, LALS, or Combination) and operational definition of exclusivity (i.e., 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</small> All Emergency and Non-Emergency ground ambulance service.
<b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b> <small>If <u>Grandfathered</u>, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</small> <small>If <u>Competitively-determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</small> A Request for Proposal process (RFP) was conducted, and at the conclusion of a competitive bidding process, on June 26, 2001 a contractor was selected. An RFP process was conducted again in 2011 and a selection was made on May 3, 2011. A copy of the last RFP is attached to this plan as Appendix D.

## EXCLUSIVE OPERATING AREAS EMS PLAN - ZONE SUMMARY

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

<b>Local EMS Agency or County Name:</b> County of El Dorado EMS Agency
<b>Area or Subarea (Zone) Name or Title:</b> County Service Area No. 3 – Tahoe West Shore Area (Meeks Bay area)
<b>Name of Current Provider(s):</b> <small>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</small> County of El Dorado under the Public Utility Model since 1990. Transport services are contracted to North Tahoe Fire Protection District (out-of-county provider) which has been in operations in CSA No. 3 - Tahoe West Shore Area since prior to 1990.
<b>Area or Subarea (Zone) Geographic Description:</b> CSA No. 3 – Tahoe West Shore Area as set forth in official records of El Dorado County – northeastern portion of El Dorado County (Meeks Bay Area) excluding South Lake Tahoe Area.
<b>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6):</b> <small>Include intent of local EMS agency and Board action.</small> Non-Exclusive - County reserves right to allow other ambulances to cross zones of responsibility if deemed necessary for most efficient response.
<b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b> <small>Include type of exclusivity (Emergency Ambulance, ALS, LALS, or Combination) and operational definition of exclusivity (i.e., 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</small> Not Applicable
<b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b> <small>If <u>Grandfathered</u>, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</small> <small>If <u>Competitively-determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</small> Not Applicable



## EXCLUSIVE OPERATING AREAS EMS PLAN - ZONE SUMMARY

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

<b>Local EMS Agency or County Name:</b> County of El Dorado EMS Agency
<b>Area or Subarea (Zone) Name or Title:</b> County Service Area No. 7 – West Slope Area
<b>Name of Current Provider(s):</b> <small>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</small> County of El Dorado under the Public Utility Model since 1976. The County contracts for transportation and dispatch services with the El Dorado County Emergency Services Authority (formerly known as the El Dorado County Regional Prehospital Emergency Services Operations Authority).
<b>Area or Subarea (Zone) Geographic Description:</b> CSA #7- West Slope Area as set forth in official records of El Dorado County (western portion of El Dorado County)
<b>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6):</b> <small>Include intent of local EMS agency and Board action.</small> Exclusive. On August 16, 2011, the El Dorado County Board of Supervisors created an Exclusive Operating Area in CSA #7 and grandfathered the County as the exclusive provider for all emergency ambulance services, and non-emergency and interfacility ambulance transport services that both originate in and terminate in, CSA #7, pursuant to California Health and Safety Code section 1797.224
<b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b> <small>Include type of exclusivity (Emergency Ambulance, ALS, LALS, or Combination) and operational definition of exclusivity (i.e., 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</small> All emergency ambulance services and non-emergency and interfacility ambulance transport services that both originate in and terminate in, CSA #7.
<b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b> <small>If <u>Grandfathered</u>, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</small> <small>If <u>Competitively-determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</small> The following facts are provided to identify the scope and manner of service for exclusivity:  (1) Since prior to January 1, 1981, and continuing without interruption through the present, the County of El Dorado ("County") has operated emergency ambulance transport services and certain non-emergency interfacility transport services continuously under a Public Utility Model in County Service Area #7.

(2) Since prior to January 1, 1981, and continuing without interruption through the present, County has maintained full control over all the required elements of the provision of emergency medical services under a Public Utility Model, inclusive of administration, finance, and billing of emergency medical services, separate and apart from County's role as the Emergency Medical Services Agency. At all times County has provided funding, set transport fees, provided billing and collection services and billed under the County's own Medicare and Medi-Cal number in accordance with this Public Utility Model. County either itself employed ambulance staff, owned ambulances, provided dispatch, and purchased rolling stock or contractually arranged for the items through direct contract between the County and fire districts, or the joint powers authority created by the fire districts.

(3) On September 1, 1996, the fire districts formed a more comprehensive joint powers authority named the El Dorado County Regional Prehospital Emergency Service Operations Authority ("Fire Districts JPA"). The fire districts were authorized to form a joint powers authority pursuant to Government Code section 6500 et seq, and to continue to engage in contracts that they had previously engaged in before forming the Fire Districts JPA.

(4) The formation of the Fire Districts JPA by the individual fire districts did not alter or change the manner or scope of County's provision of emergency medical services through the Public Utility Model. The County maintained full control over the administration, finance, and billing of emergency medical services, separate and apart from County's role as the Emergency Medical Services Agency, and continued to provide funding, set transport fees, provide billing and collection services and billed under the County's own Medicare and Medi-Cal number, while contracting directly with the Fire Districts JPA for certain transport and dispatch items/services. The fire districts continued to provide the same items/services through the JPA that they had previously provided under direct contract to the County prior to the centralized contract through the Fire Districts JPA.

(5) The County's provision of emergency ambulance transport services has been de facto exclusive since prior to January 1, 1981 even though the County, up until this time, had not created or designated CSA #7 as an Exclusive Operating Area. Since January 1, 1981 to present, the County's EMS Agency has not received a substantially complete application from, and has not granted a permit or contract to, a qualified ambulance transport service provider demonstrating an intent and ability to provide safe, competent and quality service within the confines of local, State and federal rules, regulations and procedures for emergency ambulance transport service.

(6) The County's provision of non-emergency and interfacility ambulance transport services, both originating in and terminating in, the County has been de facto exclusive since prior to January 1, 1981 even though the County, up until this time, had not created or designated CSA #7 as an Exclusive Operating Area. The County's Ordinance Code Section 8.74, entitled *County Emergency Medical Service and Medical Transportation*, requires an ambulance transport service provider to apply for a contract or permit, whichever is required, in order to provide service within the County. Since January 1, 1981 to present, the County's EMS Agency has not received a substantially complete application from, and has not granted a permit or

contract to, a qualified ambulance transport service provider demonstrating an intent and ability to provide safe, competent and quality service within the confines of local, State and federal rules, regulations and procedures for non-emergency and interfacility ambulance transport services originating within and terminating in the County.

(7) In 1999, the County's Board of Supervisors determined (i) that there were no other providers, other than the County, that were eligible to assert "grandfather" status pursuant to Health and Safety Code section 1797.224, (ii) that no fire district or city within El Dorado County CSA #7 was eligible to assert provider status pursuant to Health and Safety Code section 1797.201, and (iii) that the County could be "grandfathered" as the exclusive provider for CSA #7 for emergency ambulance transport services pursuant to Health and Safety Code section 1797.224. There are no new facts or evidence that would alter these conclusions or support their reconsideration.

(8) Since January 1, 1981, and continuing without interruption through the present, there has been no change in the manner or scope in which the County, under the Public Utility Model, has been providing emergency ambulance transport services within CSA#7.

(9) Since January 1, 1981, and continuing without interruption through the present, there has been no change in the manner or scope in which the County, under the Public Utility Model, has been providing non-emergency and interfacility ambulance transport services that both originate in and terminate in the County within CSA #7.

(10) CSA #7 has, by Board of Supervisors action, been appropriately created as an Exclusive Operating Area pursuant to California Health and Safety Code section 1797.224.

(11) No competitive process is required to select a provider under California Health and Safety Code section 1797.224 if the County's EMS Plan continues the use of an existing provider in the same manner and scope in which services have been provided without interruption since January 1, 1981.

(12) Therefore, County, having been providing emergency ambulance transport services and non-emergency and interfacility ambulance transport services both originating in and terminating within the County, under a Public Utility Model continuously and without interruption since January 1, 1981, is eligible to be, is hereby and will continue to be, the exclusive ambulance transport provider for said services within CSA #7.

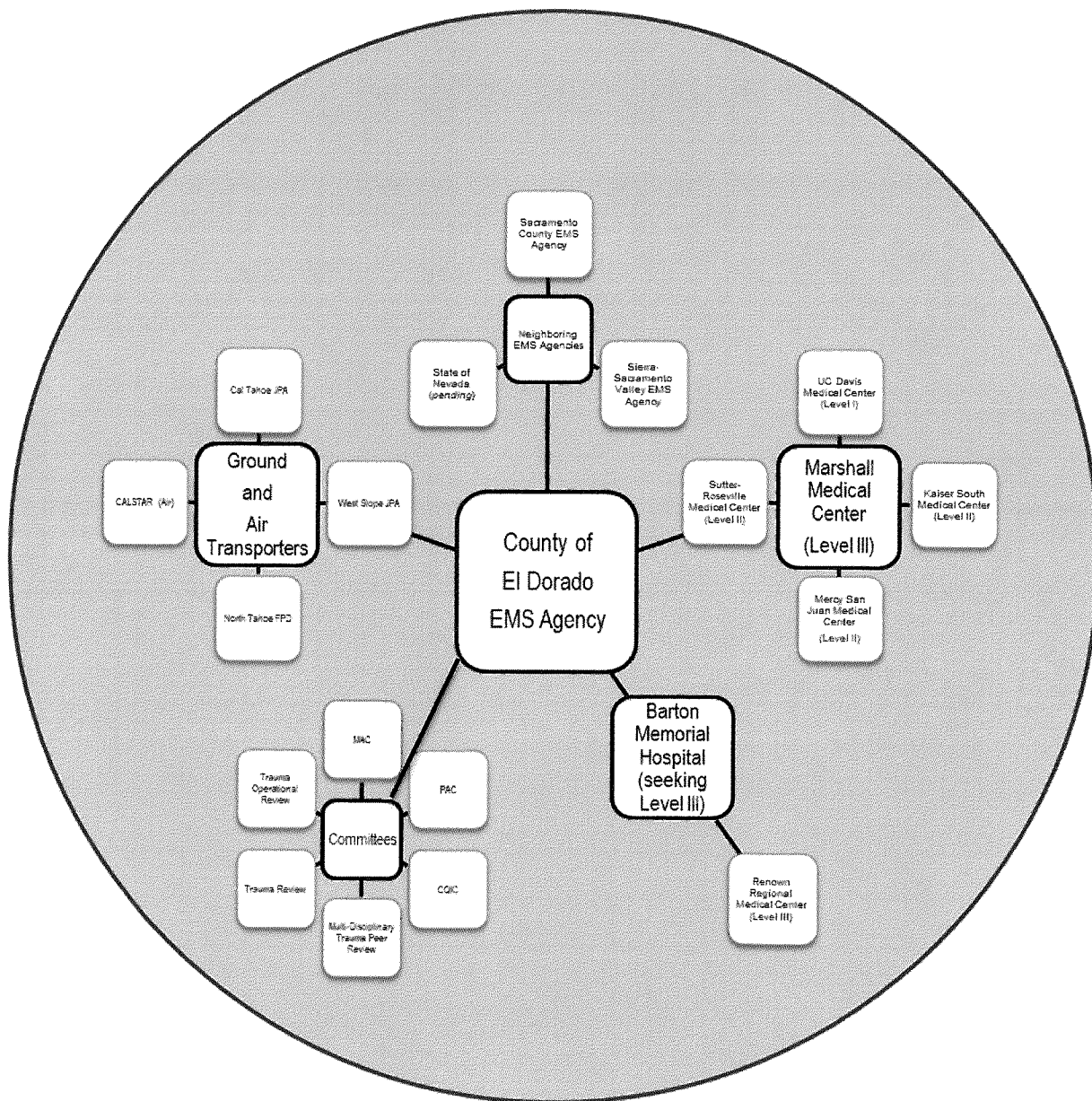
### **ANNEX 3 - Pediatric Subsystem Plan**

El Dorado County does not have a Pediatric Subsystem Plan because there are no pediatric specialty care facilities located in the County.

## **Section VII - APPENDICES**

## County of El Dorado Trauma System Chart

The chart below shows the relationship between the County of El Dorado EMS Agency and various elements of the County of El Dorado trauma system.



## **APPENDIX B - Primary Shelter Sites (CCPs)**

The El Dorado County Office of Emergency Services (OES) maintains a list of Primary Shelter Sites.

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## APPENDIX C - Definitions and Abbreviations

The following terms and abbreviations are utilized throughout this plan. Definitions are provided for clarification.

AED – Automated External Defibrillation.

Advanced Life Support (ALS) – Special services designed to provide definitive prehospital emergency medical care as defined in Health and Safety Code Section 1797.52, including, but not limited to, cardiopulmonary resuscitation, cardiac monitoring, cardiac defibrillation, advanced airway management, intravenous therapy, administration of specified drugs and other medicinal preparations, and other specified techniques and procedures administered by authorized personnel under the direct supervision of a base hospital.

Ambulance – Any vehicle specially constructed, modified or equipped and used for transporting sick, injured, infirm or otherwise incapacitated person and capable of supporting BLS or a higher level of care.

ABEM – American Board of Emergency Medicine.

Ambulance Unit – An ambulance staffed with qualified personnel and equipped with appropriate medical equipment and supplies.

AQUA – Advanced Quality Assurance Software that provides automated EMD case review.

Basic Life Support (BLS) – As defined in Health and Safety Code Section 1797.60.

CDHOM – California Disaster Health Operations Manual

CCP – Casualty Collection Points (Primary Shelter Sites) as defined by the California EMS Authority.

Code-One Call – Any non Code-3 or Code-2 request for service, which is scheduled or unscheduled, where a physician has determined a need for an ambulance because of a potential for an emergency.

Code-Three Call – Any request for service perceived or actual life threatening, as determined by dispatch personnel, in accordance with County policy, requiring immediate dispatch with the use of lights and sirens.

Code-Two Call – Any request for service designated as non-life threatening by dispatch personnel in accordance with County policy, requiring the immediate dispatch of an ambulance without the use of lights and sirens.

Collector – Trauma registry software.



Computer-Aided Dispatch or CAD – Computer-Aided Dispatch system consisting of associated hardware and software to facilitate call taking, system status management, unit selection, ambulance coordination resource dispatch and deployment, event time stamping, creation and real time maintenance of incident database, and providing management information.

CPR – Cardiopulmonary Resuscitation.

CQI – Continuous Quality Improvement.

Emergency Medical Dispatch (EMD) – Personnel trained to state and national standards on emergency medical dispatch techniques including call screening, resource priority and pre-arrival instruction.

Emergency Medical Technician– (EMT)– An individual trained in all facets of basic life support according to standards prescribed by the California Code of Regulations and who has a valid certificate issued pursuant to this part. This definition shall include, but not be limited to, EMT and Advanced EMT.

Emergency Medical Technician - Paramedic - or EMT-P – Individual whose scope of practice to provide advanced life support is according to the California Code of Regulations and who has a valid certificate/license issued pursuant to this division.

EMS Agency – County of El Dorado Emergency Medical Services Agency, established by the County of El Dorado, which monitors the medical control and standards of the county EMS system.

EOA – Exclusive Operating Area as provided for by 1997 of the Health and Safety Code.

DMAT – Disaster medical assistance teams as defined by the Federal Emergency Management Association.

First Responder - An agency with equipment and staff (e.g. fire department, police or non-transporting ambulance unit) with personnel capable of providing appropriate first responder prehospital care.

Limited Advanced Life Support – Special services designed to provide prehospital emergency medical care limited to techniques and procedures that exceed basic life support but are less than advanced life support.

MCI – Multi-Casualty Incident.

MICN or Mobile Intensive Care Nurse -- A Registered Nurse who is authorized to give medical direction to advanced life support personnel from a base hospital under direction of a base hospital physician.

OES – Office of Emergency Services.

PCR – Prehospital Care Report.

ProQA – Medical Priority Dispatch System Software.

QA – Quality Assurance.

QI – Quality Improvement.

RDMHS – Regional Disaster Medical Health Specialist

RIMS – Response Information Management System

Semi-rural/Rural Area – designation is appropriate for areas which are not urban, and not wilderness, and consist of an area having a population density greater than 10 persons and less than 1,000 persons per square mile.

SEMS – Standardized Emergency Management System as required by California State Statute.

System Status Management or Systems Status Management Plan (SSMP) – A management tool to define the "unit hours" of production time, their positioning and allocation, by hour and day of week to best meet demand patterns.

Trauma One – Trauma registry software.

Urban Area – designation is appropriate for areas which are not semi-rural/rural, not wilderness, and with a population density greater than 1,000 persons per square mile.

Wilderness Area – designation is appropriate for areas which are not urban, not rural/semi-rural, and consist of an area having a population density of less than 10 persons per square mile.